S. Hrg. 99-363

ALCOHOL AND DRUG ABUSE IN SOUTH DAKOTA

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

NINETY-NINTH CONGRESS

FIRST SESSION

SPECIAL HEARINGS

Department of the Treasury

Printed for the use of the Committee on Appropriations

U.S. GOVERNMENT PRINTING OFFICE
WASHINGTON : 1986

52-821 O - 86 - 1

S181-14

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CONTENTS

WEDNESDAY, AUGUST 14, 1985

NONDEPARTMENTAL WITNESSES

Page

Education for prevention panel:
  Statement of Barbara Naiditch, representing Children Are People 1
  Statement of Bruce Brugman, president, Rapid City Education Association, on behalf of the South Dakota Education Association 1
  Statement of Carol Bishop, Children Are People 1
Treatment panel:
  Statement of Lois Olson, director, South Dakota Division of Alcohol and Drug Abuse 10
  Statement of Mary Baumgartner, director, Youth Program, River Park, SD 10
  Statement of Dan Deal, director, Project Awareness, Sioux Falls, SD 10
Enforcement panel:
  Statement of Don Holloway, sheriff, Pennington County 19
Native American youth panel:
  Statement of Lois Fallis, director, South Dakota Urban Indian Health Association 22
  Statement of Gary Runs Close, teacher 22
Youth concerns panel:
  Statement of Gary Barlow, psychology teacher, Lincoln High School representing Students Against Drunk Driving [SADD] Organization 29
  Statement of Gina Palmer, student, Lincoln High School 29
  Statement of Stanna Staar, student, Lincoln High School 29
  Statement of Lila Doud, president, Pennington County Chapter of Mothers Against Drunk Drivers 29
  Statement of Julie Eberly, teacher, Rapid City Central, advisor to Students Against Drunk Driving 29
  Statement of Michele Bates 29
  Statement of Kim Thompson 29

FRIDAY, AUGUST 16, 1985

NONDEPARTMENTAL WITNESSES

Statement of Phil Hogen, U.S. district attorney for South Dakota 41
Statement of Robert Overturf, supervisory, drug unit, South Dakota Division of Criminal Investigation, office of the State attorney general 41
Statement of John Niehaus 53
Statement of Russell Stubbe, representing Students Against Drunk Driving 55

Education for prevention panel:

Page
Statement of Kay Lundberg, president, Sioux Falls PTA Council and member, State board of the South Dakota PTA 59
Statement of Pam Congdon, Sioux Falls PTA Council 59
Statement of Valerie Froehlich, president, Sioux Falls Education Association 59
Statement of Ray Schmidt, assistant principal, Lincoln High School, Sioux Falls 59
Statement of Dan Griffith, assistant principal, Axtell Park Junior High School, Sioux Falls 59
Statement of Marta Brosz, program coordinator, Carroll Institute, Sioux Falls 68
Statement of Andi Peterson, adolescent program counselor, Carroll Institute, Sioux Falls 68
Statement of Dr. Terry Sloan, director, Aberdeen Area Indian Health Service 73
Statement of Marlene Iron Shell, representing the VISTA Volunteer Program 73
Statement of Mary Tsosie, VISTA volunteer, Urban Indian Health 73
Statement of Helen Buss, Indian Education Department, Sioux Falls 73
Statement of Loren Archer, Senior Policy Advisor on alcohol, drugs, and other health affairs, White House Drug Abuse Office 80

ALCOHOL AND DRUG ABUSE IN SOUTH DAKOTA

WEDNESDAY, AUGUST 14, 1985

U.S. Senate,
Subcommittee on Treasury, Postal Service,
and General Government,
Committee on Appropriations,
Rapid City, SD.

The subcommittee met at 9:30 a.m., in the Rushmore Plaza Civic Center, Rapid City, SD, Hon. James Abdnor (chairman) presiding.

Present: Senator Abdnor.

NONDEPARTMENTAL WITNESSES

Education for Prevention Panel

STATEMENTS OF:

BARBARA NAIDITCH, REPRESENTING CHILDREN ARE PEOPLE

BRUCE BRUGMAN, PRESIDENT, RAPID CITY EDUCATION ASSOCIATION, ON BEHALF OF THE SOUTH DAKOTA EDUCATION ASSOCIATION

ACCOMPANIED BY CAROL BISHOP, CHILDREN ARE PEOPLE

OPENING REMARKS

Senator Abdnor. The Subcommittee on Treasury, Postal Service, and General Government will come to order. I want to welcome you all to our hearing.

We are in competition with a number of programs that are going on in the city. People indicated they wanted to be here but will come at a little later time. Today the subcommittee continues hearings with regard to the impact drug and alcohol abuse is having on the Nation.

This particular committee is concentrating on enforcement because that is where we have a direct impact on funding. We provide for the Federal Enforcement Agency. Our efforts to increase enforcement have met with success. We have concentrated in providing the U.S. Customs Service with the sophisticated equipment and the manpower to hit traffickers where it really hurts, and directed toward the money men and traffickers where it hurts, in the pocketbook. This, however, and I emphasize it, is just a start. Much, much more needs to be done. We often talk of statistics and alcohol and drug-related areas, but honestly this problem is not just about numbers, it's about people. To talk about this problem on purely statistical terms brings the issue of this dimension which must be considered if we are going solve this problem. The alcohol and drug problems do have their own way of letting us know about it.

These don't always make headlines but it certainly affects the victims. When we come to investigate as we have today, and will do in Sioux Falls on Friday, we begin to realize the complexity of the problems, let alone the answers. So, many questions remain unanswered. Why do children and adults turn to drugs and alcohol in the first place? What are the conditions that lead to a life taken over by drugs and forced to turn to crime to support such a habit? What can we do to prevent it? What is needed? Is it more education and should that education come through the schools or the media? For law enforcement we must ask what is needed to insure the police can do their job. We must also ask what can Congress do, and all of those questions is what this hearing is about.

As I noted earlier, this subcommittee has placed considerable emphasis that there is more to this problem than enforcement. Education and prevention top the list of priorities. And I am proud to be a member of three caucuses in the U.S. Senate which address this issue. We have the drug enforcement caucus, the children caucus and have recently created the world health caucus.

I don't join every caucus that comes around, but I feel real strongly in this area. And through meeting with interested Senators and polling our resources we could come up with some answers. All of these groups include Senators from every part of the country and every political bench.

We are united in our goal to eradicate drug and alcohol abuse. The information we receive today will be helpful to us. It's a program we hope to carry a lot further than just one or two hearings. We think education is a major part of any program. We work through not only Customs but also with the White House where they have a Drug and Alcohol Abuse Program set up and support our visits and travel. Now we can go to the source of where drugs come from, try to prevent them from coming into this country, but the final answer is educating our young people. In this respect we have been told the best place to start is the lower grades in school. I couldn't help but think that over the last month, I met with 250 different high school boys who were in for the 75th anniversary of the Boy Scouts. And a week later I met with 100 young children who were there with the Youth for Christ. Eighteen thousand students in college and high school camping on the Capitol Mall one day. They had a series of meetings in Washington.

When you see young people like that you know you have the tools to work with and some way we can come up with an education program. Well, with that I want to carry on. We have a very interesting and knowledgeable group of witnesses I know are going to be able to give us help.

Before I start I want to introduce two people to you without whom I wouldn't operate. Senator DeConcini, and on my left is Mr. Bob Mills who is his chief staff, and on my right is Chuck Parkinson who certainly is the most talented and able man who has been with me for years down in Washington. I just want you to know who we have with us today.

Bruce Brugman is president of the Rapid City Education Association and Carol Bishop, Barbara Naiditch, representing Children

Are People, that's excellent. I think we are going to have to start without our third panelist. We know everyone is busy today so you go right ahead. You don't have written testimony but if you do just feel comfortable that your entire written statement will be made a part of the record. This is being recorded and will be included as a committee print back in Washington. You may proceed in any manner you care.

STATEMENT OF BARBARA NAIDITCH

Ms. NAIDITCH. My name is Barbara Naiditch and I am with an agency in St. Paul, MN, called Children Are People. And we are an agency that does programming in Minnesota and also throughout the United States. I am here today representing elementary age children of alcoholics—the most underserved population in the alcoholism or chemical dependency field today throughout the country. And one of the commissions that I am on is trying to teach audiences and build grassroot support because we see that loss so often by parental alcoholism. There is AA for the alcoholic, Alanon for the codependent, Alateen for the adolescent, but virtually nothing of support for the elementary age child—most treatment centers do not include this age in family programs, most therapists are not qualified to counsel the total family and schools do not have community approaches to prevention. If we do not intervene with this age child we are perpetuating another generation of alcoholics. We need to intervene with high risk kids before they take their first drug or their first drink. I have been in this field since 1970 and I have worked in treatment centers and halfway houses, schools, community agencies, with educators, service providers, and lay population. There still continues to be very limited programming for this age population. I am cofounder and codirector of Children Are People, Inc., with Raquel Lerner. Since 1977, our journey has been to impact communities and school districts in Minnesota and nationally by training people to set up programs for elementary age children of alcoholics and training school districts how to implement community prevention programs in their schools through training of teachers, parents, support personnel, and administration. Thus, our program has impacted more than 70,000 children and adults in over 30 States—from rural communities to suburban communities—to Indian reservations. There is a new organization that I helped found out of California called National Association for Children of Alcoholics. And I joined that initially because my belief that children need to be represented on all levels.

What continues to happen I see in this field, it continues to go to the adult level so I am here to continue on that journey to let people know that the children need help also. And what we continue to find is that it doesn't matter what population we are working with. We have worked with some Indian populations in Montana and rural communities. Everyone is affected by alcoholism and all the kids need intervention. What we find with children of alcoholics is that they are born into alcoholic family systems and they don't receive appropriate developmental messages to move from one stage of development to the next so they can become secure adults. And what happens is they then continue on their journey of turning to chemicals. They have a lot of psychological problems. All of this continues to cost more and more money. One of the things that we also found with the kids is that they usually have very poor self concept, easily frustrated in school and perform poorly in school and are more likely than peers to suffer adjustment problems in adolescence.

What happens in the family systems in following characteristics. Usually the systems are chaotic, unpredictability and inconsistency with their care of children, isolated and the kids don't become kids, they become the caretakers of the adults and they grow up too fast.

Fifty percent of all alcoholics have an alcoholic parent. Intergenerational, and I call it a disease, and I believe that it can be conquered but we have to work with the next generation.

We also know that 90 percent all child abuse and neglect cases are alcohol related; 4 children out of every 25 in a given classroom come from alcoholic homes. Not more than 5 percent getting the help they need. The public school system in this country provides us with an important opportunity for systematized education and outreach for children of alcoholics. Children of alcoholics have a four times greater chance of becoming an alcoholic than the rest of the population.

The yearly National Institute on Drug Abuse survey of the use of drug and alcohol among high school seniors, conducted annually since 1975, indicates that the percentage of students using illicit drugs before sixth grade has more than tripled in recent years. Of the members of the class of 1983, the most recent survey available, 3.8 percent reported drug use while in the elementary grades, up from 1.1 percent 8 years earlier. Nearly 1 of every 10 seniors in 1983 said they had tried alcohol while in the sixth grade and 3 percent had been introduced to marijuana.

Other National Institute research; namely, three household surveys, showed that the proportion of 12- and 13-year-olds acknowledging that they had had experience with marijuana rose from 6 percent in 1971 to 8 percent in 1977 and remained at that level in 1979 and 1982.

PRIDE, Parent Resources Institute on Drug Education, estimates that more than one-third of U.S. children between the ages of 12 and 17 have tried marijuana, and notes that meanwhile the strength of marijuana's psychoactive chemical—THC—has skyrocketed during the last 3 or 4 years.

Another source, the National Federation of Parents for Drug-Free Youth, says that the most common age of beginning use of marijuana is 13 years and of alcohol 12 years, 6 months. Incidentally, many participants in the residential rehabilitation programs operated by Straight, Inc., report that they were introduced to drugs and alcohol as children under the care of teenage babysitters.

Clearly, drugs and alcohol are no strangers to elementary age pupils. However, few prevention and awareness programs have sought to reach out to children this young. By default, then, the most common sources of information about the hazards of drugs and alcohol for fourth and fifth graders, a Weekly Reader survey showed, are parents, movies, and television, none of which can be called reliably authoritative for this purpose. School programs do not become prevalent as drug information and prevention agents until the seventh grade, after many children have already either survived the pressures or succumbed to them.

Maybe the Senate is the place to go, maybe the Congress, maybe State. Money needs to be allocated for elementary age education. Schools need programs because this problem isn't going away. Money needs to be allocated to have programming. Many States are now beginning to adapt that find programs that they want to implement in their school district. Teachers need education, which is one way. And also to teach them some skills to give to the students.

Money needs to be allocated on a State level to school districts to implement prevention programming, in some States the legislature has mandated that chemical abuse prevention programming must be integrated in the schools and a certain amount of money is allocated per pupil.

Very few training programs teach service providers/educators, and lay population how to work with children. From university level courses to yearly training institutes, more people need training. Communities need grassroots lectures, churches need to integrate prevention strategies, day care centers need to understand how to intervene with low self-esteem in children.

A lot of families we have worked with the kids are living in single parent female families and the income level is low.

Children from alcoholic homes have been untreated, misdiagnosed, and ignored. We can provide these children with the tools they need to become healthy adults. Adults who come in contact with these children can help them to understand what is taking place in their families. Traditionally, society has ignored the needs of this forgotten age. And I think it's time to break the cycle of chemical dependency in our generation of young people, help needs to be available. Family recovery would be ideal. In many cases this is not a reality, yet children deserve to get help even if their families do not enter recovery. More prevention programming needs to be available in our school districts. Treatment programs need to establish after-care and family programs which include children. Community mental health agencies need to do grassroots work and educate clients on effects of chemical dependency on children.

Those of us who work in this field have an obligation to break the pattern of dependency by creatively involving children in the continuum of care cycle. There is hope for the children.

Our hope for the children is that communities will take action against the epidemic of alcoholism by beginning an early intervention program for people of all ages.

Senator ABDNOR. That's been very, very interesting. I have some questions I want to ask you, but first of all let's call on Bruce Brugman.

STATEMENT OF BRUCE BRUGMAN

Mr. BRUGMAN. I am president of the Rapid City Education Association, and I am speaking on behalf of the South Dakota Education Association.

Let it be known and we are well aware of affects of substance abuse in schools. The impact is tremendous and we see the impact affecting the performance in the classroom. We know it affects their attendance and performance, we know it affects their attitudes and we know that it's a growing problem.

We also know that it is an overall sociable problem and that if schools are to be involved in dealing with these problems we need leadership. We need awareness and we need commitment. Most school districts, in the State of South Dakota particularly, and I am sure nationwide, are hard pressed to find moneys, resources to carry on the multitude of programs that are now required to be taught in a well-rounded school.

So, therefore, financial assistance is essential from the Federal level if anything is to be done in the area of substance abuse.

Second, particularly in the State of South Dakota in rural communities in particular, there are very few resources that are currently available in alcohol and drug abuse awareness. And this is an area that needs to be dealt with. Specifically, and I reiterate in the rural areas, large districts such as Rapid City and Sioux Falls have many different resources available to them and the outreach programs I think need to be expanded.

So, we need to do more in the large communities as well but the rural communities need to address these problems more specifically. Smaller districts don't have that much community involvement until somebody gets maimed or killed.

As far as commitment is concerned, we believe that Federal leadership needs to be targeted in areas of funding and clearly defining the responsibilities of those who will be involved with working with the problems of drugs and alcohol.

That targeting is a very important thing, particularly in the area of who is responsible in what particular area. As an example I suppose with one of our local counselors, she related to me she currently knew of at least six junior high youngsters in Rapid City that had been recommended for 24-hour in-home care for alcohol abuse. But because of a lack of funding and a clear definition of who should provide those services, absolutely nothing could be done at this time.

Having programs in place after the fact is not dissolution. Our schools need to work diligently on prevention programs, helping kids feel good about themselves so they will not turn to chemical solutions.

We need leadership in this area. At this point to expect schools to be able to deal with the problem adequately is unreasonable. We will need more time, more training, we will need more commitment and more leadership, and obviously to do all of that, more money.

Working as an elementary physical education teacher I try to work, and we try to emphasize alternative highways. Having kids feel good about themselves and different things to do other than the drugs. Unfortunately, what we find in the public schools is that for a while it's in vogue to attack a certain problem. When the money runs out it's washed out.

Currently in Rapid City we have a program that's working, it's a relatively new program. And we would like to—if you would like to have us provide you with those documents and an example of the things we are doing in Rapid City school systems we will. We would like to get those together and send them to you. They were not available because we are basically shut down during the summer.

We also have the school district in the—we will be working with our third reading of our new substance abuse policy. So, there are efforts being made at the local level. We don't want it to wash out and we would like to see it expanded, and that's why we are here. Thank you.

Senator ABDNOR. Thank you, Bruce. I was wondering, has Ms. Mitchell or Ms. Williamson entered the room since we started this?

[No response.]

Senator ABDNOR. I want to commend both of you. I agree, I don't think much has been done about education from the Washington level. We have had a difficult time to convince certain people that we need more people on Customs and instead of cutting, adding people to fight the entry of drugs in this country. All these are very helpful.

You said the Rapid City school system has commenced the program, limited as it might be for funds and time, but is your school board pretty well behind something like this?

Mr. BRUGMAN. The school board has committed itself to dealing with the adult problem within our own community and contracting with River Park to help in the assistance with the people who already have a problem.

We are also working currently at the elementary level and trying to emphasize what this lady mentioned, stopping the problem before it gets going. I think probably the areas that she mentioned in terms of home intervention and getting into the community and working with families to try to head off the problem or at least give them some ways and some solutions to work with to prevent the problem from growing is the thing that we have to do.

I work in an elementary school and alcohol abusive families. Every child that comes from an alcoholic abusive family is usually a problem child and you can just see that cycle continuing on and on and on. And it's really a frustrating thing for us if we can't get it stopped at the family level.

Senator ABDNOR. Do they have programs in the Minnesota school system to your knowledge? Surely you know, I can see you grin. But have they started on anything?

Ms. NAIDITCH. There are some different drug prevention programs that are around nationally. We started a program where our belief is that prevention needs to take place in communities. So, we go to school districts and we train the staff of people, the teachers how to implement a 6-week program in the classroom. We also train the rest of the people that surround that child. We provide parent seminars, provide a small program for the support personnel, the janitors and lunch room people and the bus people because they surround the kids and see them in a whole different light and they are almost never involved. So, when we contract with the school district and go in and say this is what we highly recommend and this is how you can work as a network and community.

We have done work in schools in Minnesota and the St. Paul schools and Great Falls, MT, and Cleveland, OH. We have been many, many places. And I highly recommend schools. What it usually takes is a school board needs to allocate a certain amount of money per student or however, each district is different, and accept the program and begin to implement it by working with the principals and the teachers.

What we do is contract with places, teaching them how to set up support groups for children on a local, level, to put them in communities and churches and programs.

Senator **Abdnor**. You are talking about young people from broken homes and alcoholic families. What age is the first symptom of drug and alcohol most likely to occur?

Ms. **Naiditch**. When you hear reports of little newborn babies being neglected like crying too long because the parent is focused on the alcoholism in the family, I believe kids are affected immediately. You can't necessarily, but you hear reports all of the time. So, I believe it starts from the beginning.

And what continues to happen is kids learn survival.

Senator **Abdnor**. I also want to ask you, at what age should State, local, and Federal drug and alcohol abuse programs be started? In the event we came up with some decent ones.

Ms. **Naiditch**. My belief is that the school system is one real important way to get money available. Give schools training teachers and training staffs.

The money would be to get schools the finances so they can train their staffs to implement programs. That's one way. I don't know. I think agencies that work with children also need some additional money. I know United Way agencies are cutting back on their funding.

Senator **Abdnor**. Funding is a big question. You said you do have some systems of a program in the Rapid City system. Is that coming out of a regular school budget or is there special funds raised for this purpose?

Mr. **Brugman**. It was initiated as part of the budget.

Senator **Abdnor**. Back in Washington they told me the place you have to start is educating the little kids coming in the school. I have not examined them but they are making color books. When they are in high school they tell me a lot of the habits are pretty well formed by that time. A senior in high school who hasn't been using drugs or alcohol is probably no great problem or concern, but would you say attention really needs to be placed on the lower age group?

Ms. **Naiditch**. It's like the people that surround kids need the training so they can intervene with the kids and learn how to build high self-esteem and responsibility. I believe that it starts real early.

When you start when you are a senior in high school it's too late. There have been some studies that there are three groups of kids that we have to really think about. There are those kids that are total abstainers, burn-outs that use it all the time that are really into drugs, then there are those in the middle. Those are the ones that we have lots of problems with because a good percentage of those will probably turn on to chemicals and they have no support system.

Senator **Abdnor**. In that group, we were speaking earlier of the broken homes, alcoholic families and maybe that's where it is more likely to become a habit, but a lot of the so-called fine homes have children messing around with this too.

Ms. Naiditch. You can't say it's the poverty people or the rich people. And you can't just say single parent families. It happens with the most successful people, and with those that aren't successful.

I don't know if that's a primary feature. What I do find though is that people that can't afford treatment services are the ones that really get left out. That's a problem. The kids don't necessarily get the help that they need.

Senator Abdnor. How about rural versus city? Do you see much difference there?

Mr. Brugman. More the small town. I go to these communities and they say we have the worst drug problem in the State. I say well, how do you know. They say because there is nothing to do, the kids are bored to death and they are getting high.

The primary drug of choice often is beer, alcohol, but depending on the community. It could be pot or all kinds of stuff. No place to go, I keep hearing that over and over again.

We find that in Rapid City—I guess probably go back a little bit. Feeling good is what it's all about and if you can't feel good one way you find another way to feel good.

Most of the drug education programs that I have been in, the concentration is that the child or the adult or whoever it is turns to the drug or the alcohol or whatever it is as a solution to feeling bad, how can I now feel good.

We find that if we can turn that off at an earlier age and give them alternatives, what are other ways to be high. Some kids get high on athletics or mountain climbs or some people get high on whatever it is because they are seeking a way to feel good. Some people turn to the chemicals.

I grew up in a small town of about 700 and the entertainment was the althletics for young men. I am not sure what the girls did, but the alternatives for entertainment were either athletics during the school year or the alcohol, drugs, whatever they wanted to do.

Alternatives I think are what we need to zero in on and as she mentioned the training. We have a lot of the people in the educational field—I never had a class in my college preparation or anywhere else until I got out in the teaching field that addressed the kids in the alcoholic family, the kids that needed to have alternatives. They concentrated mainly on the method of teaching.

As I mentioned we may have to get into the colleges for teacher preparation. We also have to have these in-services and local districts to work. And give us the skills necessary to recognize the problem and then deal directly with the problem.

I teach in a school of about 320, 30 young kindergarten kids. They come in and they already have those adjustment behavioral problems. You can almost target it to some kind of family situation that may or may not be drug related but it's upsetting the family situation.

So, consequently if there is also drugs added to that problem it just doubles the frustration we have in working with the child.

Senator ABDNOR. To what extent are chapter II funds being used by the South Dakota schools for drug abuse, substance abuse, to your knowledge?

Mr. BRUGMAN. I don't think I can answer that question.

Senator ABDNOR. Let me ask you something if I can. Could high school leaders who have not gone through drugs and alcohol abuse be valuable tools to work with younger kids in the grade schools? I look back, but I used to look up to high school basketball players or whatever the kids might do. Every kid has got someone he looks up to.

Ms. NAIDITCH. There are some programs in some of the high schools where they are called peer leadership programs where they train these kids. Usually to high school or junior high level. I am not sure down to elementary level, but they do some of the times and are available for kids to talk to them. It's a huge leadership training program.

Senator ABDNOR. Is there any kind of improvement or any good they can do?

Ms. NAIDITCH. I think the problem becomes that the schools don't want to let the kids out of classes to go do what they need to do.

Senator ABDNOR. We thank you both.

Mr. BRUGMAN. There may be some people in this audience who are familiar with the peer counseling program. And we do have a peer counseling program in Rapid City.

TREATMENT PANEL

STATEMENTS OF:

LOIS OLSON, DIRECTOR, SOUTH DAKOTA DIVISION OF ALCOHOL AND DRUG ABUSE

MARY BAUMGARTNER, DIRECTOR, YOUTH PROGRAM, RIVER PARK, SD

DAN DEAL, DIRECTOR, PROJECT AWARENESS, SIOUX FALLS, SD

Senator ABDNOR. We call our panel to speak on treatment. We have Ms. Lois Olson, who is director of the South Dakota Division of Alcohol and Drug Abuse; Mary Baumgartner, director of the Youth Program at River Park; and Mr. Dan Deal, director of Project Awareness in Sioux Falls, SD.

Ms. Olson, I know you have to get back to your conference room. I am pleased that you could be here.

STATEMENT OF LOIS OLSON

Ms. OLSON. I appreciate having the opportunity to testify, Senator Abdnor, and I want to thank you for that. I hope that you don't mind if I just talk about treatment.

Senator ABDNOR. No; not at all.

Ms. OLSON. I do have some statistics I would like to share with you that are from a 1981 survey that was done with the 7th through 12th grade students in South Dakota.

We have recently done a senior survey of all of the seniors in South Dakota. We did it in April but we do not have the data available from that survey yet, and we hope to have it within the next month. We can make that current data available to you at that time.

Based on our 1981 survey, at that time 88 percent of all the students, 7th through 12th grade, had tried alcohol at least one time. Of our seniors or the 12th graders at that time, 96 percent had used alcohol, and 88 percent of those used alcohol on a frequent basis.

Of our eighth graders, 44 percent of them drink more than one drink at any given time. Sixty-eight percent of our 12th graders report that they have driven after drinking at least one time; and 74 percent of the students report that they have been a rider with a driver who had been drinking.

So, I think the statistics at least bear out that it is a significant problem even if we are not talking about the abuse. The use itself, particularly by young people with developing bodies and the affects of that alcohol on their bodies is much greater. They don't have the capacity to handle it as well as adults, and it is a significant problem. And as I am sure you already know, drinking and driving fatalities is the No. 1 cause of death among our young people 15 though 24.

In South Dakota obviously as was stated earlier the drug of choice is alcohol. And it is by far the problem drug in South Dakota. If you compare, say, marijuana use to alcohol use for 12th graders, it's 96 percent for alcohol and 46 percent for marijuana.

Our statistics relative to other drugs than alcohol are lower than the national average. Our statistics relative to alcohol use are higher generally than the national average.

Senator ABDNOR. It is because it's easier to obtain than marijuana or——

Ms. OLSON. I think it's easier to obtain, it's not as expensive. South Dakota is all rural, we may have 100,000 people in Sioux Falls but if you compare that to most any other State, you are still talking to basically a rural population here.

Senator ABDNOR. Does marijuana affect driving like alcohol?

Ms. OLSON. Yes; it does. And the combination of the two of them—well, the combination of any drug combined just escalates the problem tremendously.

I don't want to spend a lot of time on statistics but I did want to give you some idea of the use and problems in here. The Division of Alcohol and Drug Abuse has been quite active in increasing their efforts. The focus has been primarily in the treatment area, that's absolutely necessary and we certainly don't want to put that aside, but we believe that there needs to be a greater emphasis on the front end and trying the reduce the instances and prevalence of alcohol abuse rather than simply treating it after the fact.

So, we have our conference going on right now and that is one of the things that we have done. This is our third annual prevention conference that's going on.

We are doing a lot of work with the schools. In fact, next week we have a week-long training for school personnel in the school team approach, which is an approach to train a group of people. Each school sends a team. Those people are trained to go back into their school systems and implement a process for developing prevention activities within that school system.

And I believe we have 21 schools that are sending teens to this training next week. It is through the Midwest regional training which get their friends from the Department of Education, and we are the first State that has worked with them to bring that training to South Dakota so that we are able to do a larger number of schools.

Ordinarily, each year the Midwest regional training is able to do maybe two or three schools within the State at a given time. But we negotiated with them and we have worked with them and they are basically bringing their training in here and we are supplementing it and we are going to be able to train 21 schools this year with the school team approach. And by doing that we will be able to develop the networking which is such an important part of it. Because with many of these schools, and they have gone off and they train and they come back, there hasn't been that support system and so they kind of do things initially and they fizzle a little.

So, we are hoping to develop a networking system as well.

Senator ABDNOR. How much training do they need?

Ms. OLSON. When you are talking about training them for prevention activities we are not talking about training them to provide treatment. They need to understand alcohol and drug abuse and need to understand how it affects people. They need to understand what kinds of things may work to divert people from use or making wise decisions about them. And they need to be able to identify when the problem is beyond their expertise and to know and utilize the resources that are available in the community, and that's what we hope to accomplish with them. Not to make them all experts or all counselors, but to be able to have the basics and to be able to know what those resources are and how to utilize those resources. We believe that's really important.

One of the other things that I wanted to mention is in response to a question that you asked earlier. One of the things that we are starting this fall is some training of some high school aged kids to go around to the various schools at the younger aged levels and do improvisational kind of situations. They would go into a classroom, say, and they would say OK, you have a situation, you are babysitting and the father is going to take you home but he is drunk, how do you deal with that situation.

So, they would do an improvisational acting out of that so they can help to teach those younger kids how you deal with those situations. Or you are with a group of kids and they are starting to drink and you don't want to, how do you deal with that. How do you say no or get yourself out of those situations. Some very basic kinds of skills that they can learn through that kind of a mechanism. And we are really excited about that.

So, we really—on the treatment end of it we did a pilot project with court services where they have a home-based team with these kids that really have been kind of through the system, and they don't know what else to do with them.

The courts will send them to the home-base team. Any family that is sent to that home-base team has a drug and alcohol evaluation done on them. If there is a significant drug and alcohol problem that exists in that family, whether that be the parent or sibling or the child that has been adjudicated, then the chemical dependency counselor will be involved with that intervention of treatment with that family. We have a good deal of success with that.

We are looking to pilot that with social services with some of their child protection teams. We are only in the talking stage with them at this point but again it's a way of working through some other systems and bringing in the alcohol and drug components. Because what they were realizing is the children that they had, the families they had the least amount of success with in the program were those families that had significant chemical dependency problems.

We received recognition from the Association of State Governments for that program as a model program so we are quite proud of that as well.

In South Dakota we really have a possibility of adolescent treatment. There is only one program that is devoted entirely to the treatment of adolescents and that's at the Human Services Center.

There are other programs that do provide treatment for adolescents but it's not their single focus. Most people or a great deal of people who need treatment and don't have the ability to pay go out of State for services.

One of the big problem areas that we have is in the area of funding. The only funding that we do for inpatient treatment is for adolescents through the Division. That is the only thing we fund is treatment for adolescent services, and that is a very small amount that we fund.

One of the problem areas that I would like to make you aware of is through the alcohol and drug abuse block grant funding. In that block grant there are a couple of problems that we have with that. No. 1, one of the requirements is that we spend 35 percent of the funds on alcohol and 35 percent on other drugs. We do not have an equal alcohol and drug problem in South Dakota and so it is very difficult for us to do that. We need some flexibility in that.

The other part of that is that there is with the 84 amendments a requirement for a 5-percent set-aside of the total block grant to be used for services for women, for chemical dependency services for women. There is a need to do more for women. But what it has done for us is really tied our hands.

First of all it's 5 percent of the total block grant which comes out to be almost 18 percent of my share of the block grant that goes to the Division of Alcohol and Drug Abuse. There were no new moneys that went along with that for the State of South Dakota. And their new formula, we are at a hold harmless. We have no new money coming in and we have no expectation of any new money, at least for the next 2 years.

So, in order for me to meet that 5 percent mandate it has to be at the expense of services that we are already funding. So, it means I have to cut back someplace else in order to try to meet that. And we are talking 17, 18 percent of my total block grant.

So, it is a significant problem for us in South Dakota and I know that that's true in other States.

I believe it's true in New Mexico, all of their moneys from their block grant were going to native American services in their area. They are now in the position of having to divert that away from their minority groups which is a significant problem, and a significant need to fund another group. And it's just an extremely difficult problem for us to deal with at the State level.

Senator **Abdnor**. We are glad to hear that, we didn't know that or hadn't thought about it. I did work closely with Senator Weicker.

Ms. **Olson**. The State Directors Association met with some staff people from Weicker's and Hatch's and we did inform them of this. And it's just—I would really appreciate it if you push it along. When we have to cut back from basic services—there is a need for women's services. We certainly are not saying that there isn't, but one of our focuses was to try to develop a little more services for the youth. That had to simply go out the window because we had to divert funds in another direction.

Senator **Abdnor**. Well, thank you very, very much. We are going to be working with you a lot more.

Ms. **Olson**. There is so much that needs to be done here. There is a great need for that and we are making a difference there. In fact, one of the things that we are seeing is that consumption is going down some, which means our revenues are going down.

We are reducing the consumption which is good but our funding at the State level comes from those revenues and so as we do a better and better job, we lose more funds, I guess.

Senator **Abdnor**. Is it strictly based on the collection of alcohol tax?

Ms. **Olson**. The liquor tax revenues and the block grant. Those are the only revenues that I have in my budget, and the block grant is at a standstill.

We do not anticipate any new moneys in that at all, at least for the next 2 years. And our liquor tax is so much per gallon or, you know, it's a certain amount. So, it's based on consumption. I think between 1984 and 1985 it went down $17,000 in the amount of money that we received.

If we continue with that same kind of a trend we are just—our revenues are just falling off and we don't even have the ability to compensate for inflation, let alone any new programming or anything else.

Senator **Abdnor**. Hopefully we can get you some help.

Ms. **Olson**. I would really appreciate that.

Senator **Abdnor**. Thank you, Ms. Olson. And you go ahead if you have to leave. I am going to call on Ms. Baumgartner.

STATEMENT OF MARY BAUMGARTNER

Ms. **Baumgartner**. First of all I would like to correct the record. I am here representing treatment in the area of therapy. I am a private therapist and I act as a consultant and have worked with the area of treatment. I have been in the field for about 7 years now.

What I notice is that by the time someone comes to therapy there is already a problem and that that problem had gotten to a point where there is acting out, there is fear, dysfunctioning in the family and there are ripples going out that people can see.

However, once that happens that doesn't mean that help is on the way for either the family members or the person that is acting out. In private practice as well as the treatment setting finances for any kind of recovery are hard to get. Often it is a single parent family, often there is little, if any, insurance coverage. The diagnosis of the problem is difficult, the people surrounding that person need to have the education to be able to diagnose what is this dysfunction and what is causing the problem, in either the school setting or the family setting or even if it has gotten to the area of law enforcement.

So, I see education real important for the people around the children. Also for the people around the family. It might be another member of the family that is suffering from consequences of being around someone who is chemically dependent who acts out in another area that comes in for therapy.

We might see something like a couple that comes in for marital counseling and the problem is what is going on with the children or they might send the child to a therapist because of some kind of behavior problem. And it's real difficult to get to the basis that what is happening is chemical dependency or chemical abuse.

By the time they get to the help of professionals, we have got a serious problem. It radiates out to the rest of the family. There are friends that are involved with that child, there are siblings that are involved, there are babysitters and other helping people for that family. And what we are seeing is that any one of those people need to have some idea of what they are working with.

The professionals themselves are not able always to get the education that they need to know what is really happening with this family system that's causing the acting out. And that is just in the area of diagnosis. And then once that child or that family is diagnosed as having a problem, getting help for them to recover.

As was mentioned before, there is an extreme lack of facilities here in South Dakota for treatment. There is a shortage of therapists that can work with that family. There is a shortage of support systems. We need to have agencies that have funding to be able to help that child and that family. And we need to be able to have therapists who are trained to be able to not only diagnose but support after that diagnosis is made.

One of the other ways is once we do find someplace for treatment of these people, some way to implement some sort of therapy, reintegrating them back into the community and keeping any therapeutic process going.

We need support systems to help that child reenter. We need people, the teachers, and the therapists in the area to be able to supplement what was started. We need to have halfway houses for those who are not ready to go right back into the home setting. We need to have family education and family treatment to keep the family system working, and we need to be able to have peer groups that will help them stay in that recovery process.

And all that takes funding, all of that takes education, it takes education for the families, education for the therapists, education for the support people. And all of that needs funding.

Senator **Abdnor**. Do any States to your knowledge take a leadership or——

Ms. **Baumgartner**. From what I am seeing here there are programs available, and I am not aware of any that are easily accessible here to South Dakota. We do have as therapists, we can sometimes get some funding to go to conferences and some education, but mostly it's left up to the therapist or the agency that we are working for to get their own education.

And it just perpetuates the cycle. If we do not stop the cycle at the time of treatment they are just going to perpetuate in bringing up their own family of disfunction, creating someone else who is just going to turn to chemical use.

Senator **Abdnor**. OK.

STATEMENT OF DAN DEAL

Senator **Abdnor**. Dan, we are very appreciative you are here all the way from Sioux Falls.

Mr. **Deal**. I should maybe explain that we, Project Awareness, has attempted to do some of the prevention sorts of things in Sioux Falls since 1970 with some of the original Federal money that came out.

Since 1978 I have been the director of Project Awareness and we have worked with community projects and tried to do things. And a lot of what I am going to say has been touched on in terms of what Lois said.

One of the things that we have seen indicated to us is a shift in drug use, away from drugs like marijuana and stimulants and other drugs and more toward alcohol use. So, we know that's happening.

One of my concerns is that we know that's happening and we are talking prevention. We also need to be careful that we don't concentrate so much on alcohol that something else slips in the back door, like alcohol use apparently has done. When we started in 1970 our program was looking at marijuana and the other drugs and all of a sudden 1977, 1978 we come out with headlines saying alcohol is the No. 1 drug, and it just slipped in the back door on us.

The alcohol use is going down too but I guess my concern is when we are talking prevention, let's not concentrate overly on the problem that it is today. Prevention is about stopping things from happening in the future. The other thing, when we are talking prevention I hear a lot today discussed toward the students and the schools and the law enforcement, and seems to be some key we leave out a lot of the times is the parents that had the kids originally. And we have moved from a society where parents used to stay home and raise their kids. Now we have our kids and we go off to work and leave them someplace to get taken care of and then we pick them up at 5 and expect the family unit to function like it always has.

This is one of our goals, we need to emphasize prevention with parents, to be parents at an early age. Maybe birth, because that's one of the changes in our society we have seen happen, and we haven't really dealt with all that effectively.

That's one of the points I have is we see families just really unable to deal with their student drug use and disabled by it. The other thing we have seen, like Lois Olson talked about, was adolescent treatment is almost nonexistent. And what we found is most of the adolescents that we work with that we would like to put into an inpatient facility are from economic standpoints can't go in there.

The average treatment program will cost them $5,000 to $14,000 and most of the families we work with can't afford to pay for that. Another problem we have seen in working with the students sometimes is the laws work as a deterrent. The marijuana laws, and that's particular to the State, but I think it's something we need to look at straight across the board is the laws are there but they are not a deterrent to the point where they are doing anything.

And if we are going to have the laws we need to put more teeth to them, or if we are going to leave them as they exist take some look at why they are there.

A typical week is a student will come in for possession of marijuana, less than an ounce. He will get a $40 fine and a suspended jail sentence. The most serious of that offense for him was that he had marijuana which costs $100 confiscated. And that's a little backward.

Senator **Abdnor**. Is that a pretty common penalty?

Mr. **Deal** Well, that's common for what we deal with. And we have gone to the law enforcement people in particular to our community that deal with that and what they have said is that we don't even bother with it because he is back on the street and paid his fine and he is usually a second- and third-time offender. Hopefully law enforcement will be here to talk about it.

They have cited incidents of some of the students we worked with that have been through that system 14 or 15 times, and they come in and pay the fine and they go back out. So, that's a concern we have from a funding point of view.

And Lois addressed this, the shifting of priorities for a program like ours is real difficult to deal with because one year we are told that the funding priority is going to be minorities, the next year it's going to be women and the next year it's going to be adolescents. So, what we are doing every year is gearing our programs toward the funding to stay viable from an economic point of view. But we are not really getting the problems slowly dealt with before we are shifting priorities. And I think Lois has addressed that.

The other one we have got uniquely to Sioux Falls that I have got belief is going to happen in other areas is the Federal revenue sharing money that Sioux Falls receives has been earmarked primarily for social programs in our community. And we went to the mayor and the commissioners and discussed this. And should the Federal revenue sharing money get cut back and it would be approximately 10 percent off our budget and other alcohol and drug service providers in Sioux Falls, their budget as well while we are trying to make that 10 percent up we have to look at 10 or 11 other social programs that are also going to be cut that will be going to the same foundations and United Ways and asking for money.

And I guess one of our concerns is when you are all competing, the programs we compete with are domestic, violent, sexual abuse programs, alcohol abuse programs, all going in competing against each other, that could be disastrous. And in Sioux Falls right now

11 programs are funded by the Federal revenue sharing funds at least in part.

So, there will be 11 of us that are going back trying to generate new funding in our communities.

Senator **Abdnor**. This makes up about 10 percent of your budget?

Mr. **Deal**. My budget for our agency is actually about 35 percent. So, we will be out trying to get 35 percent of our budget should Federal revenue sharing disappear.

Senator **Abdnor**. In dollars how much is that?

Mr. **Deal**. This year I think it's $30,000. And the city could pick that up had they not had 10 other agencies who are also committed to another $250,000, then that becomes a sizable portion for them to make up.

Senator **Abdnor**. You say there is money in block grants?

Mr. **Deal**. What we have done as a community agency ourselves is tried to stay as much locally funded as we could. My feeling is if the community doesn't support you and if you can't possibly get it done then maybe you are not doing your job.

So, we have stayed as much locally funded as we can get with the exception of small grants from the Division of Drugs which is $2,000 or $3,000 a year.

But most of the money that we get comes from our county, city, and local school districts. We operated a school-based program since 1976 whereby we go in and train the teachers and do classroom programs and then work with the students who are disciplinary problems in the school from drugs and alcohol.

Those are the kinds of things we have done as a community.

Senator **Abdnor**. Tell me about that Project Awareness.

Mr. **Deal**. What Project Awareness originated as was a community board of individuals who were interested in the drug and alcohol problem, and secured funding to start prevention efforts in the community.

Senator **Abdnor**. Do we have a Project Awareness in our community——

Mr. **Deal**. It was a national organization but as we operate now it's primarily a local program.

Senator **Abdnor**. Do you work with anyone or——

Mr. **Deal**. We are contracted with the Sioux Falls School District. And then I have a staff that works in the community to provide prevention programming. And some of the things we have worked on in the last year would include the SADD chapters in some of the smaller schools in our area. Parent support groups, parent workshops, just basic grassroots kinds of prevention programs.

Senator **Abdnor**. Do you see some improvements?

Mr. **Deal**. The thing we have seen that we liked is the parents in terms of programs like MADD and the students in terms of programs like SADD are starting to take some responsibility to do something about the problems themselves.

And I think that's where the key lies.

Senator **Abdnor**. Do you think, as we discussed with the other panel, that sometimes you can use high school students to an advantage down to the lower grades?

Mr. **Deal**. We absolutely feel that that's the key. Or the other thing is how about parents going into the schools helping the prevention efforts with elementary age and junior high.

Senator **Abdnor**. I must move along but I don't want to short change you.

Mr. **Deal**. That's all I have.

Senator **Abdnor**. But I want to thank you both for coming and hopefully if we need to we can get back to you for thoughts and ideas, because this is just a scratching of the surface on our part.

[A brief recess was taken.]

Enforcement Panel

STATEMENT OF DON HOLLOWAY, SHERIFF, PENNINGTON COUNTY

Senator **Abdnor**. The subcommittee will be in order. And we are happy to have with us Don Holloway, the sheriff of Pennington County. I am particularly pleased that you can make it here.

Mr. **Holloway**. I guess South Dakota being a rural-type State and removed from the heavy populated area of the United States, sometimes we don't think that there is a real major drug problem in our area, but I think an example over the last 5 years are two major drug cases that were made. One, where an airplane landed with several tons of marijuana in it down by the central part of the State, which was a major drug bust and would have had a big impact upon our State if the law enforcement would not have apprehended that.

And the other one would be this laboratory making illegal drugs at Pringle, SD. Probably one of the bigger drug cases made in the Midwest area.

So, I think those cases really emphasize that we do have a serious drug problem in South Dakota as they do in other communities or other States.

As far as with our juveniles, I think that was mainly your emphasis here, we have kind of seen a change over the last several years of the use of marijuana and chemical drugs. We had a big emphasis and education program with our kids in late sixties and early seventies and midseventies, in that area, and we have kind of seen a change where alcohol and the abuse of beer and so on has come to light.

But in visiting with my juvenile officers, they kind of see where marijuana is coming back in too. It's becoming more and more acceptable. What I have tried to do and what the local law enforcement here in Pennington County has tried to do, the police department and so on, we established several years ago a school liaison program to work within the school system, to help identify kids that are having problems in school.

Many of those kids that are having attendance problems or disciplinary problems in the school are also the same ones that are having drug and alcohol abuse problems. We have tried to provide education programs and, of course, like I say in the mid-1970's that emphasis was really on the abuse of chemical drugs, marijuana, and hallucinogenic drugs.

Now, we are working more with the school problem too. The unfortunate thing I guess with those kinds of programs is that when tax dollars get tight and we start looking at where can you make your cuts, what things do you have to provide and what things are optional to provide, your crime prevention programs are the ones that you look at first which really creates more problems for you later on, but that's the unfortunate part of it.

When this school liaison program was first started back in the early 1970's it was started with Federal law enforcement assistance money, and as we know, those funds are all gone at this time. Our community has kept up these programs. Hopefully we can continue, but it's a concern every year at budget time.

I think my emphasis has been to try to identify the kids that are having these problems and get them into some kind of counseling, work with their parents, work with the child or with the juvenile in turning his life around, getting his self-esteem, him or her, their self-esteem up so they have got other things that they can feel good about themselves and they don't have to turn to the alcohol, the peer pressure of drinking or abusing drugs.

Marijuana has kind of become accepted in the communities. We have seen where in the late 1960's when the use of marijuana was first identified as a problem, the crime or the punishment was really heavy. We were sending people to the penitentiary for possessions of small amounts.

That has completely turned around now where possession of a real small quantity, a couple marijuana cigarettes is a petty offense that the officers just write citations on.

So, I think maybe we went too far that way. What we are doing by doing that is saying well, it's really all right to possess that or it's really all right to use it. And I don't think we want to give that impression.

Senator ABDNOR. Is the law still the same or the penalty being handled less stringently or——

Mr. HOLLOWAY. On a petty offense you write a citation, it's just like getting a speeding ticket. You go in and you get a small fine and you are right back out.

Senator ABDNOR. The judge could make it tougher if he wanted to?

Mr. HOLLOWAY. Under the petty offense you would have to make the law, you would have to change the law to that respect. A prime example on public education on things not being accepted, we no longer accept is the drunk driving. In a few short years we have identified drunk driving and it said it's not right to be drunk and drive.

People don't think it's right any longer. We need to try to get that same kind of education emphasis with the kids and abuse of alcoholic drugs so that they don't think it's right. It's within their group. I think you can do that through education.

Senator ABDNOR. You say you worked with the schools. How long have you been doing that? Is that a new program with you?

Mr. HOLLOWAY. The school liaison program in Pennington County in Rapid City we started in about 1972 where we have had officers working in the schools. Since I have taken office we have expanded. We now have five officers, the police department supplies two and I supply three. And we assign them to the junior highs.

Senator ABDNOR. What do they do?

Mr. HOLLOWAY. They provide drug and alcohol and other types of education programs, in the schools. They work with the students and the schools if there is vandalism, if there is a kid in that particular school that gets crossways with the law or charged with a crime or suspect in a crime outside of the school, that liaison officer works that case as the law enforcement officer, but he is also working with the kids in the school and tries to give a positive effect to the kids as to what law enforcement officers are and what we can do, and also give this education in drug abuse and alcohol abuse.

Senator ABDNOR. Is it more of the high school age?

Mr. HOLLOWAY. We have them assigned to the junior highs.

Senator ABDNOR. You found that a pretty effective age group?

Mr. HOLLOWAY. Right. We work in the junior highs and K through 6. We go down in there and give some programs, you know, to those people. But put emphasis on where the officers are on a daily basis.

Senator ABDNOR. Speaking of alcohol, I was just wondering, this 21-year-old age limit that we sit on at the Federal level, do you think that helps or hinders the problem?

Mr. HOLLOWAY. I have mixed emotions about that I guess because I think we need to educate the 19- to 21-year-old people on how to use the alcohol.

There are a few people that abuse it. I am really not sure that just changing the age limit is going to make that much difference. I think the education and the acceptance of what is right and wrong in those areas are more important.

It would probably make it a little tougher for those people to abuse alcohol. There is going to be a certain group that won't be able to get it but we are still going to have a problem.

I think it's a family structure problem that we need to deal with in the homes.

Senator ABDNOR. We do a lot of work in enforcement from my end. As I said in the opening statement here, I have a lot of enforcement agencies under me. We use the agencies of the IRS to try to locate the laundry money in the banks and that's where you go to get the big guy.

We are trying to beef that up. We use Customs which, of course, is our big interest. And we are putting in more and more manpower and more and more sophisticated equipment. I just feel that it's something we better have money for.

Also the Bureau of Alcohol, Tobacco and Firearms. And the Secret Service. So, I dealt a lot with enforcement, but I don't think we are ever going to stop that stuff from coming across the border. But education is certainly one of the areas we have to concentrate on because it's still a $100 million business in this country.

And the best thing you can do is try to make these young people realize what they are doing to themselves when they get involved in drugs.

Mr. HOLLOWAY. You can pass all the laws you want to make things illegal, but I think probably if we are going to try to solve the problem we need to also keep in mind the treatment programs that are available and the education programs that are available.

And the resources that law enforcement has to defer these people rather than just taking everybody, these kids and making it against the law. So, that's what we have tried to do here and I think it's successful. I think we have got some pretty good programs in our community.

Senator ABDNOR. Have you any suggestions for me as a Senator on what we could be doing?

Mr. HOLLOWAY. Dollars is a big thing, and I don't know that we can always—the local communities can always expect these funds to continue to keep coming from Washington. But through the late 1960's and the 1970's there was a lot of money coming into the Criminal Justice System, in fact the local communities from Washington. And it seems like it's really been cut off in the last few years. And maybe even more with the revenue sharing.

And my concern is that if that funding resource completely dries up that these preventive programs are going to be the first ones that we see leave us.

Senator ABDNOR. I have two gentlemen on each side of me. We try to keep pushing because I think that's one top place where we have to be conservative when it comes to counteracting this problem.

Mr. HOLLOWAY. Just in closing here, you are asking me what I think you could do. As I emphasized when I first started, South Dakota just because it's a rural State, we do have some serious drug problems here and I think these two cases that I pointed out emphasizes that.

So, on the Federal level of agents and money that's available for fighting drug abuse in South Dakota needs to be continued, if not increased. It seems like a lot of times everybody says well, geez, compared to the State of Florida you don't have a problem. But I think we do have a problem here.

Senator ABDNOR. Thank you very, very much. We appreciate you taking off from work to come up here, Don.

NATIVE AMERICAN YOUTH PANEL

STATEMENTS OF:

LOIS FALLIS, DIRECTOR, SOUTH DAKOTA URBAN INDIAN HEALTH ASSOCIATION

GARY RUNS CLOSE, TEACHER

Senator ABDNOR. Our next witness is Lois Fallis and Gary Runs Close, who have been with us a long time. And Lois and Gary, we welcome you here.

Lois Fallis is the director of South Dakota Urban Indian Health Association, and I am happy to tell you she is the new national president of the National Indian Health Association. So, we couldn't get a finer witness up here to testify than you, Lois.

Gary is a teacher working with Indian children with substance abuse problems. And we appreciate your attendance.

Lois, would you care to start out.

STATEMENT OF LOIS FALLIS

Ms. FALLIS. Thank you, Senator Abdnor. Several years ago Congressman Gates late in the afternoon about the time that the testimony was to be over said couldn't we just visit about this, I am tired of sitting here, so maybe that's been a good cue for testimony all these years.

Also I hoped to have documents and information from the national level. As you mentioned, I was recently elected president of the American Indian Health Care, which is a conglomerate of Indian health clinics across the Nation in the cities.

We started the urban Indian health about 1977 as a nonprofit group contracting with the Indian Health Service. The statistics tell us about one-half the Indian population in the United States live in cities now. And across the Nation we have programs in Chicago, we have programs in San Jose. We have programs in Detroit, and as a matter of fact, we have urban Indian health programs about the same places that the Bureau had relocation programs.

And I think that accounts for the reason lots and lots of Indian people are in the cities. How Montana and South Dakota got into the urban Indian is still quite a controversy, but we in our clinics in Pierre, Aberdeen, Sioux Falls, Vermillion, and Yankton areas serve about the same numbers as any of the service unit directors in the Aberdeen area except for Pine Ridge and Rosebud. We do not have that large of population. And because of the Sioux San in Rapid City we don't do anything in the Rapid City area.

It didn't take us long to figure out that especially alcohol was probably our biggest health problem. And we have outpatient clinics in these cities in the eastern part of the State. Our experience has been that medical professionals neither have the time nor probably expertise and I think someone else mentioned that this morning, that has not been a part of their training dealing with the alcohol problem and somewhat the social problems and economic problems that are closely associated.

As a result of that, and again the cost of these kinds of programs has never been included in our title 5, which Senators are very familiar with, fighting our battle with the Indian Health Care and Improvement Act. We have not had any kind of moneys to address the drug and alcohol problem. So, we approached it through the action, Federal Action Program.

We currently have 14 VISTA volunteers who are in the cities and six sites in South Dakota addressing the drug and alcohol problem. That is their primary function and goal. Most of our volunteers have a medical background of some sort so they can get some insight into the health problems that result from the abuse.

And I am happy to say all of our volunteers are Indian people. Most of them are middle aged to older and we looked for that caliber of person. And as you may understand in the Indian culture the elderly is a very integral part of the education and of setting goals and that sort of thing in the old Indian culture.

So, we have a lot of the middle aged, older people as volunteers and we are hoping it's going to work. We are about 6 months into it and it's looking good. It looks real good in Sioux Falls. We have gotten it off real well there. And I think at this point I have to talk a little bit about Lois Olson and our association with the Division of Drugs and Alcohol.

We have had a contract with the State, and I say had because we finally just got out of it about 3 or 4 months ago, but we sort of had the groundwork done in the Sioux Falls area, and I think that's where our VISTA Program is working well there. But back to the Division of Drugs and Alcohol, we contracted for Youth Prevention and Alternative Activities Program there. And this is a real point that I want to make.

And it's particularly important I think as you sit on committees and develop programs and appropriate money, I may have the same problem that many of you do and I may want the same solution, but how I get there is quite a lot different for the Indian population. And that's where we ran into problems through the block grant moneys that we were contracting with the State Division of Drug and Alcohol.

And Lois and I nearly both freaked out over it. We could not find a way so that we could do our program to meet the Indian need and make it billable under her requirements.

Senator ABDNOR. The State or Federal?

Ms. FALLIS. I think it's a little of both as it comes down the pike. It comes with some Federal requirements and the State adds a few. And to do the program, to meet the Indian culture and the Indian need didn't fit in with the way—it was a payment-by-unit type of thing. And I think that is something you really need to consider in the development at the Federal level of programs for minorities. I don't know, I never worked with anybody but Indians, but——

Senator ABDNOR. You do feel very strongly that the approach to the problem on the reservations and in the cities needs to be done differently than what the normal procedure is?

Ms. FALLIS. Yes; our whole culture is different. We are not materialistic. Although, I have got to admit I have lived in Pierre long enough to kind of like green too but how we get at things, our thought process, there has been a fair amount of studies on that, is different.

Things that we take into account in decisionmaking is different. Therefore, when we are trying to solve a problem we are going to have a different way of doing it. And I think it's the key when we get into the problem-solving result area.

Senator ABDNOR. I am glad to hear that. We might have to have you in to testify.

Ms. FALLIS. Coming out here this morning, coming through the Badlands, and that's where I was raised, I get to thinking about my early days and what a dreaded disease TB was. And as a health administrator right now I would be thankful for TB. To simplify it, you took an x ray, you gave a year's worth of I and H and you did a skin test for follow-up. How simple life would be if we could have that kind of process with alcoholism. That was just something that came to me.

The key there I think was that there was such tremendous community effort. It brought the community together, it brought the family together. And that is how we solved the TB problem with the Indian people. And it was a killer just as sure as alcoholism, it was a little faster. So, maybe people's attention was drawn that much quicker.

But I was thinking how lucky we would be if we had good old TB around instead of alcoholism because it really was a lot simpler. It was not a self-diagnosis thing.

Senator ABDNOR. Going back to those days, have you seen the alcohol problem that much worse?

Ms. FALLIS. Oh, yes. Of course, until I was a teenager it was illegal for Indian people to drink. And I suppose that was nationally, not only in South Dakota. And I think that probably, too, as near as I can see, adds to the alcohol problem of the Indian people.

We never learned to drink socially and out in the open. And I don't care whether it's eating cookies or drinking. Whenever you have got to do it on the sneak and the sly it makes it that much worse. And that is the history of our drinking. It was always hurried and behind the barn kind of thing and illegally, and I think that has added to our current problems.

I may have to run and hide when I get back to Pierre or to my own home reservation or something, but I think another problem that we have is that our leadership has the problem. And we have got a matter of the pot calling the kettle black. And until some of our leadership in the tribal councils and city councils and school boards handle their own problems, I think it's going to affect the community.

Senator ABDNOR. Is this a real issue with the Indian people? Does it bother them to see this going on?

Ms. FALLIS. I was going to speak a little bit to that. Again, hindsight is such good stuff, when you get middle aged and all this wisdom. I don't have the wise elderly status yet, but I have got some middle-aged experience.

I left Rosebud about 10 or 12 years ago and my oldest child was about a sophomore in high school and I was real frustrated and I related it a lot to tribal politics at the time. I swore up and down I was tired of three steps forward and five backwards, but I think actually now that I look back at it, what was happening, I came from rather a kind of a conservative background and cleanliness and godliness and all that stuff out in the Badlands, what was happening I think I could not accept the change in the community idea of what was normal.

And this was in the late 1960's when it was beginning to be normal for kids to drink and to stay out all night and break down a family structure. I think rather than tribal politics I left the reservation because I could not accept—and I think maybe that may be true all over the Nation. I think people have lost their ability to stand their ground and say this is not normal.

Senator ABDNOR. Moving off the reservation, did it make it easier for you to keep your 12-year old away from alcohol?

Ms. FALLIS. Yes; there was more alternatives to look at. Fortunately then my boys started to get high on athletics and my daughter was young enough she took their word for it. But as I look back I think that was a big factor, I think we have to get back to such organizations.

I was just visiting with a lady from MADD from community-based organizations who have the guts to say drinking and driving, smoking, those things are not what we want the average normal life to be. And I don't think that's going to take a lot of money. And I think that's where it really absolutely has to start and end with is the individual and the community effort.

And again I think there is some problems with some of our leadership. There has been theories, I am sure you are familiar with Dr. Rose who has been in research at the University of Oklahoma prior to his becoming Director of the Indian Health Service. I heard him address that perhaps—and this is what his research was leading to—perhaps there is something in the area of an allergy amongst the Indian population to alcohol. Similar to allergy to ragweed or something on that, but there is a different physical makeup in our genealogy that causes a much quicker and more adverse reaction to the effects of alcohol in particular.

I have not heard that theory applied to other drugs. I was watching over the years, I think there may be something to that. It seems as though Indian people do more quickly and more dramatically react. If you are going to talk money, research into that kind of thing I think would be helpful.

Senator **Abdnor**. Good point.

Ms. **Fallis**. We are going to pull money from someplace and give it to research, let's give it to alcohol research. I would not like to drag this on. I think you'll hear lots of statistics from Dr. Sloan on Friday who is the area director.

I think he intends to be in Aberdeen. I am not sure I want to know statistics, they scare you to death. I have to deal with clinical results of high-risk teenage pregnancies and the alcohol syndrome and I think if I knew that there were 35 in Fort Pierre it would just scare me beyond, and I would just throw up my hands and retire. It's dramatic and it's heartbreaking and I don't know that we can pour enough money into treatment to do a lot.

I think it's got to come in prevention and I think it's got to come one to one and community based.

Senator **Abdnor**. But education is one way of keeping pecking away?

Ms. **Fallis**. Yes; if we could have a full-fledged media blast on this to bring it around to what they have done with drunk driving in South Dakota, and that takes money.

Senator **Abdnor**. It's a hard thing to measure. It would cost you money today and would save you a lot of money later on down the road. I don't know if we can sell that or not but it certainly makes a lot of sense. These are the people on welfare and different programs costing us money. What we are talking about here today is that education would not only help all Americans but certainly would be helping that individual. So, we certainly appreciate the testimony from you. We hope to visit more with you about this.

STATEMENT OF GARY RUNS CLOSE

Senator **Abdnor**. Is your work more volunteer work or——

Mr. **Runs Close**. I have been involved with Sioux San alcoholism programs as a South Dakota dependency counselor and I have been working there and just my experience there is I believe what they called me here today for. I'd like to first of all thank you for inviting me and hopefully I can shed some light on some of the problems that I believe will focus on one of the main problems, why. And maybe some insight on some connections with where to get the moneys from.

First of all, I would like to talk about the idea of prevention, referral, and treatment. Being in the field for some 4 years now, growing up in this environment in Rapid City myself and being in these Rapid City school systems, and there was a gentleman here earlier that mentioned he also did not see education of this alcohol, drugs until he was in college. Well, same with these school systems in this area.

I have only run across it after I have gotten away from Rapid City. It was not one of the priorities. Coming back here, I have worked here for 4 years and in the institution that I am working in now I believe that in the drug awareness field, working with the community, I found out that there are quite a number of handicaps that people have in going through the process of treatment.

They come in from prevention to make them aware, they come into the referral then we send them out from the halfway house into the treatement center and then back again to the halfway house. But in that process I found out that there are definitely handicaps in the area. And these were very small statistics compared to the main one. Hearing impaired, dentures, glasses, reading, some people just cannot read. Nervousness.

A lot of people were on medication to sustain from other physical ailments. Emotionally impaired, culturally impaired. I am talking about people that have been told that their culture has come to an end. Going to a school system where other cultures have just begun, have just found root and are starting to begin, and there is definitely a crisis going on.

Two people being treated the same emotionally, supposedly, where one is getting enough and one isn't, but supposedly on the outside they look like they are getting the same kind of education when inside someone is hollering here I am really hurt. And that is the type of person I am talking about, culturally impaired. Just does not have an equal chance as the country that we live in here as stated, equal opportunity for everybody in every field except for emotionally, culturally.

It's just two different States totally. And yet they are still treated the same within the school systems, that just a little bit of prevention will help. And I can see all these programs here today all have very good ideas how to come to this problem of the use, how to get to that. And yet we have very few programs reaching into the Indian youth in that area. And you can see the difference.

If it takes that much just to come to realize it for them how much is it going to take just to come to realize if for the Indians. We need mass media. We need a gigantic step here. We need something to open up not only everyone else's eyes but the very people that have the problem is Indians.

I am an Indian and I have seen it and I have felt it, I deal with it continuously. And we are talking about 50-year-old men who are emotionally 13 years old, all of those packages. And they want instant answers and the only instant answer they usually get comes in a bottle.

Senator ABDNOR. Does the prevention care they receive today, for the Indian, is it solving some of the problems for that individual? Going to halfway houses, to the treatment center, what is the end result of that?

Mr. RUNS CLOSE. The usual prevention that we use in this immediate community, we go out there and we set up workshops or shall we say groups, and usually we are not able to get in because the school system will say hey, this is more of a priority, these classes are more of a priority than for this person because if we treat the Indian this way then we have to treat everybody like this.

Senator ABDNOR. So, you and Lois are both saying the same thing, it needs to be handled differently?

Mr. RUNS CLOSE. Yes.

Senator ABDNOR. That's a good message for us. Incidentally, if you have additional figures you would like to place into the record——

Mr. RUNS CLOSE. Just one other thing. A lady this morning mentioned that those people, those youths in between, the ones that burned out and the ones that abstained completely, they didn't have problems with those but the ones in between they had problems with, the ones they didn't know about.

Well, that fits into the same category where I believe most of the Indians are sitting right now. Right in the middle. They don't know which way to go and who they are.

Senator ABDNOR. Could you comment on the relationship between teenage suicide and substance abuse among teenagers, Lois?

Ms. FALLIS. I understand on the reservations that it's just out of control. We don't have that high of an attempt of suicide rate in the cities that I am aware of. We are not doing emergency room care nor are we paying for it.

So, sometimes I don't get the feedback. Hopefully, a year from now with our VISTA Program growing strongly we would be able to keep you informed. I understand on the reservations it's absolutely out of control.

Gary can probably add something to that. I don't work just in the health field and I don't sit down and read all the medical records. I gather up figures at the end, and suicide is not a big one that we see as a primary cause. And that's the kind of stuff I get, the glories of statistics. I get printouts of primary, chief complaints as they come through the clinic. Suicide is not high on that.

Mr. RUNS CLOSE. Alcoholism in the area of suicide, you cannot see how this has gotten the youth, you cannot see from a day-to-day basis this person has died because they are in the obituary papers. It's over a long period of time, that eventually by the time they are older they may have killed themselves where it started a long time ago, 10, 15 years ago. Where they just give up.

And if they kill themselves then rather than later on it really didn't matter. It should have been dealt with a long time ago, a long time ago. And everybody has turned their back from it. They are already dead. They didn't have to commit suicide.

Senator ABDNOR. Well, thank you, we still have a ways to go. I really appreciate you coming, Gary and Lois. And maybe we will be talking further about this as we go along.

YOUTH CONCERNS PANEL

STATEMENTS OF:

GARY BARLOW, PSYCHOLOGY TEACHER, LINCOLN HIGH SCHOOL REPRESENTING STUDENTS AGAINST DRUNK DRIVING [SADD] ORGANIZATION

GINA PALMER, STUDENT, LINCOLN HIGH SCHOOL

STANNA STAAR, STUDENT, LINCOLN HIGH SCHOOL

LILA DOUD, PRESIDENT, PENNINGTON COUNTY CHAPTER OF MOTHERS AGAINST DRUNK DRIVERS

JULIE EBERLY, TEACHER, RAPID CITY CENTRAL, ADVISOR TO STUDENTS AGAINST DRUNK DRIVING

MICHELE BATES

KIM THOMPSON

Senator ABDNOR. I asked some of you to stick around for quite a while. Is Gary Barlow still here, Julie Eberle?

Gary Barlow is a psychology teacher at Lincoln High School in Sioux Falls and serves as advisor to SADD, Students Against Drunk Driving. And so would you proceed?

STATEMENT OF GARY BARLOW

Mr. BARLOW. My name is Gary Barlow from Lincoln Senior High School and I am here representing our chapter of the SADD organization which is a national organization which we founded in 1984 of last year.

And SADD represents students against drunk driving that try to have an awareness program where they can make the public aware of the problems that exist in the high school level and also try to educate students and make a little bit more responsible decision when they are going to be drinking, and hopefully not get in that car and drive.

And the program is a student-run program, and my function is as adviser. And I brought two students here, Gina Palmer and Stanna Staar, both seniors at Lincoln High School to talk about their concern about the program, what we have done to try to help the program and hopefully what could be done in the future. Gina.

STATEMENT OF GINA PALMER

Ms. PALMER. My name is Gina Palmer and I will be a senior at Lincoln this year. And I am in SADD because there is a problem and it needs to be taken care of.

SADD has four goals and it's to help eliminate the drunk driver and save lives. And the second one is to alert high school students to the dangers of drinking and driving; and the third one is to conduct community alcohol awareness programs, and to organize peer counseling programs to help students who have concerns about alcohol.

Our SADD group at Lincoln is concerned with the three first ones. And we have executed these three by going out into the community and going to service organizations and telling them about the problems that we have as teens and about the drunk driving problem and the teenage age group.

We have gone to the legislature and had a bill passed in support of SADD, and we joined with Rapid City Central SADD group and we had the bill passed at the State legislature.

We have gone on the air with public service announcements on the radio stations, the TV stations, and we have a SADD day at our school. And we had a film run and we had many students attend that.

And we are just trying to make it aware that there is a problem in the school system about drinking and driving. And we are trying to eliminate it, the drunk driver before it kills someone. And we are just trying to prevent this death before it happens.

Senator **Abdnor**. We are very proud of what you are doing here. I have heard a lot about it but this is the first time I have had a student to discuss it, so I appreciate it very much for you coming forward.

STATEMENT OF STANNA STAAR

Ms. **Staar**. I am Stanna Staar and I am a senior at Lincoln High School. I am here to testify about the problem of drinking and driving amongst teens.

Of course, the drinking, you know, the drunk drivers aren't always the teens, but we focus on the teens especially because someday we are going to be your age and we are going to be the future.

The reason that we focus on the teens is according to some statistics we have come across. The Surgeon General has said that the life expectancy has improved for everyone but those 15 to 24 whose death rate is higher today than it was 20 years ago. And the leading problem and the leading cause of it is drunk driving.

And of the 25,000 people who die each year in drunk driving accidents 5,000 of those victims are teenagers. That means that 14 teenagers die each day in drunk driving accidents.

This doesn't mean that the teens are always driving when these accidents occur. You could be driving down the road and a drunk driver could swerve and hit you, you know. That would be it, you would be just another one of the statistics.

We are trying to prevent all this from happening. Some of our goals to eliminate this is that we would like more cooperative efforts where people like yourselves are concerned, you know, to make it aware through some of your talks and your different speeches that you give. And we are trying to—we go across the surrounding area and we help kick off other SADD chapters in our area.

With these SADD organizations it also gives schools a chance to cooperate instead of compete with each other and it makes you—I don't know, it just brings you together and that way you are not competing. You are working together to solve a very serious problem.

Senator **Abdnor**. Listen, we really appreciate this. I know you are pressed for time.

STATEMENT OF LILA DOUD

Ms. Doud. I am Lila Doud. I am the president of the Pennington County Chapter of Mothers Against Drunk Driving here in Rapid City. We started approximately 1½ years ago by Max and LouAnn Wimp. After LouAnn's mother, sister, and aunt were all killed in a car accident caused by a drunk driver.

These deaths were not accidents, they are crimes. And a crime that's been neglected by the system. I got involved with Mothers Against Drunk Driving after my 19-year-old daughter was also hit. She was not killed but she was hit on a Rapid City street by a drunk driver.

We are a national nonprofit corporation; we rely on fundraisers and donations for our money to operate. The goals of Mothers Against Drunk Driving are to reduce the number of deaths and injuries caused by drunk driving. Every 20 minutes someone is killed by a drunk driver.

There will be 68 people killed today by a drunk driver. There will be approximately 25,000 of them killed this year. Handguns kill about 1,800 people a year. And this is hunting accidents and also suicides by guns.

So, the comparison there is tremendous. One out of every two Americans will have their lives affected in one way or another by drunk drivers. Whether it's a member of your family getting hit or you yourself. Drunk driving costs about $24 billion every year in rehabilitation costs, lost earnings, court costs, attorney fees, and so forth, and also insurance rates going up for them.

Our objectives are: First, to get the drunk driver off the road. Our second objective is to make the public more aware of the problems of drunk driving. We are also trying to change the attitude of jurors in the public to make drunk drivers responsible for their actions.

We are working also to increase penalties for drinking and driving offenses. We are trying also to get the court systems to prosecute to the fullest extent of the law, to discourage drunk driving.

Last, but not least, we are here also to aid victims of drunk driving accidents. Too often the victims have been ignored by the system and MADD is their voice.

At any average American time and place 1 out of every 50 cars is being driven by a drunk driver. On weekend nights this average goes to 1 in 20. Between the hours of midnight and 2 a.m., it's every other car. And I am not talking about a drinking driver, I am talking about a drunk driver.

Senator Abdnor. One out of two?

Ms. Doud. One out of two. One group in particular we are focusing on, and that is the heavy problem drinker and the repeat offender. Approximately 94 percent of the accidents and so forth are caused by repeat offenders.

I feel we have to pay close attention to this particular group and concentrate our efforts to get them off the road.

Another problem that I am seeing in drinking and driving is the people are driving while their licenses have been suspended or revoked. Because of the weak driving drunk laws, poor enforcement of good laws, and lenient court decisions, the drunk drivers have been given a special status in our society. They commit a crime and many times they do not serve any time in jail and receive little or no punishment at all. And I feel the drunk drivers have to accept the responsibility of what they have done.

In Pennington County in 1980 there were 576 DWI people that had been arrested for DWI's prosecuted. In 1982 this rose to 860. And in 1984 this rose to 1,600 cases. In 1983 there were 656 arrests made in Pennington County, 119 of these involved accidents. In 1984, there were 825 arrests and 123 caused accidents. In 1984, 913 people went to drinker-driver classes because of DWI's, and only 84 went to treatment.

I feel the police department and the highway patrol are doing a very good job arresting the drunk drivers and getting them off the road, but I feel that judges are too lenient in their sentencing, and the State's attorneys are too quick to plea bargain and reduce charges.

If a blood alcohol test is not done our State's attorneys are afraid they will lose the case if it goes to trial. So they, therefore, reduce charges all too often. Drunk driving accidents, someone that has been in an accident, these people it seems like can get postponements and delays to no end and it goes on and on before they are prosecuted.

I feel drinking and driving is a serious crime and I feel that the judges and the attorneys and the State's attorneys have to treat it as such. A judge's handling of drunk driving cases influence is heavy, the community attitude toward drunk driving. If sentences are lax people don't take it seriously and continue to drink and drive.

I feel sobriety check points are needed. We have them once in a while. We had one last fall but they publicized where they were going to be at, people were very careful. They did pick up some drunk drivers, however.

I feel that would be one way to get the people off the road that are driving under suspension and those that are having their licenses taken away because of drunk driving. If they know there is a chance they are going to get caught, I think they would be just a little bit more careful.

I feel these drunk drivers have to be responsible. I feel they should be paying restitution to victims that they have injured, hurt. They hit someone, maybe their job is in jeopardy, they have no money to pay rent or no money to pay utilities or buy groceries even, and maybe it's 2 or 3 months. It was about 4 months before my daughter was able to pay her own bills again after she went back to work.

I feel we have really got to educate the public. Anything we can do to focus on drunk driving I think we need to do. It's a serious crime and it has reached epidemic proportions. I am convinced that stiffer fines and mandatory jail sentences would be a deterrent to drinking and driving.

And I would also like to see the names of those arrested published in the local newspapers. And Governor Janklow once stated drunk drivers are a menace, a dangerous menace. And I feel too that they should not wait until they injure or kill someone to get them off the road. We are working on legislation now for stiffer fines, mandatory jail sentences, mandatory blood tests, and also responsibility to the victims.

We have initiated, due to our efforts in Pennington County, to obtain driving records and prior histories on anyone that's been arrested for drunk driving. We have so many people that get picked up in Meade County or Lawrence County and then get picked up in Pennington County and they never find out about the other records. And now this is being done so they can be charged accordingly. I think all of us, private citizens, legislators, prosecutors, and judges must view drunk driving in its proper perspective, the leading cause of our violent deaths in our country.

We must do everything in our power to help remove this impaired driver from our streets and highways and hopefully prevent any more losses in our community. Thank you.

Senator **Abdnor**. Thank you. You should be commended, and all the other members of MADD for the work you are doing. Certainly you have brought it more vividly to the attention of this country. We have heard of your oganization from one end of the country to the other.

To these young ladies I can't thank them enough. How do you feel about the 21-year-old law? I mean we are criticized, we passed it in Washington and I think one of the big reasons more than anything is that they have a uniform law because it puts young people—one State has a lower age limit than the other State, puts the kids in the car, young people on the road driving to and from those quite some distances. Do most of the young people—are they very strongly opposed to this or for it or what?

Ms. **Palmer**. Well, most of my friends aren't old enough to buy it anyway. And if they wanted it bad enough, they are going to get it whether they are 21, 18, 17, or 16. It may make a difference in some ways, but if they want the booze bad enough they are going to get it whether they have the bill passed for 21 or not.

Senator **Abdnor**. I can remember my own teenage years, and all the rest of us, so you are right. Sometimes it's a little harder to get. But how do you feel about it, Stanna?

Ms. **Starr**. I feel that they are going to get it one way or another. I would like to see the 21 law passed. However, liquor is so available to any of the young people, especially here in Rapid City, if they have got money they can buy it. And this is where I think we need some tougher laws to punish the people that are selling it to them. But they are going to get it one way or another.

Senator **Abdnor**. Do you feel strongly about tougher laws, law enforcement?

Ms. **Palmer**. Yes.

Ms. **Starr**. Yes.

Senator **Abdnor**. You said something about the bill you passed in the legislature, that's wonderful. Do you find a lot of interest among young people in your classes in school? Is it catching on or does it still take a lot of selling to get members and young kids behind you?

Mr. **Barlow**. It caught on real well and now the tough road ahead is to, you know, you get this emotional upheaval then just to keep the ball rolling, that's where the hard work comes in. These young people take a certain amount of flak from their own peers because they are accused of trying to take their parties away and that kind of thing.

So, it's not always easy to get everybody behind you. But I think the more schools we have working toward it, the easier all of our jobs will come.

Senator ABDNOR. How many chapters or organizations do you know of in the State?

Mr. BARLOW. I think I am aware of about 10 really. That's not firmed up chapters. There were about three or four that started in our area. We were not the first in our area. I think Rapid City Central was the first SADD chapter that ever existed in this State.

And I know Beresford has one, Canton has one, we have one. We are trying to get even like our counterpart schools, Washington and O'Gorman. People say well, we don't have the problem in our school, and to me you are sticking your head in the sand and saying I don't want to even recognize this.

Senator ABDNOR. I often wonder about people who are willing to stick their necks out and carry the cause and how it would go over and all, but it's good. You mentioned something about those three categories with the peer groups——

Ms. PALMER. We are not into the peer counseling program.

Senator ABDNOR. Well, we are talking about drugs too as well as the drunk driver. Again, you say, Gary, it's easy to bury your head in the sand but the more I see it, it exists all around.

You say marijuana is being grown in our national forests right under our feet and our own eyes; it's unbelievable some of these things. I guess it's been a concern of ours and what we are doing today and Friday in Sioux Falls is not only to talk about the problem but to see what is being done today and what might be done in addition.

We have learned some very interesting things about this. We have a lot more; it's just the start. But we would like to get involved in this because it is a great problem. Before you came in I spoke of these things and where we are at in law enforcement to some degree, and education.

We are dealing with the White House. So, we have gotten ourselves pretty well involved here and we hope we can help improve our laws and legislation and maybe participate in some programs.

Mr. BARLOW. We are into the awareness quite a bit and we know, and that's one more tool that is available to us to say just like you asked us how many chapters exist, and if you are traveling to Lemmon or wherever you travel and you make the statement to the school officials out there do you happen to have a SADD chapter at your school, that alerts them to the fact that maybe we should all get together and start this type of thing.

Project Awareness, they do a lot more with the peer counseling and treatment-type things. We work in conjunction with them and because they are located in Sioux Falls, but mainly our goal is to make the students aware and surrounding schools aware.

Senator ABDNOR. Very good. How long have you been going as an organization?

Ms. PALMER. Since last November.

Senator ABDNOR. Like everything else it takes off and it's hard to keep going. Have you worked on projects?

Ms. **Palmer**. We had projects and right before Christmas we gave out SADD contracts for life and we sold bumper stickers. For a while there it seemed like we were for other schools and nothing for our school, and I think it kind of died. But we tried to rejuvenate it back so that it's back at Lincoln and getting more active.

Senator **Abdnor**. Do the two groups, MADD and SADD, do they ever work together, Stanna?

Ms. **Staar**. No; not really.

Mr. **Barlow**. This is the first for us now together at this table.

Senator **Abdnor**. Is there any potential there in that sort of thing, Stanna?

Ms. **Staar**. I believe there probably is a potential.

Senator **Abdnor**. In your opinion just how effective was the media campaign that you launched during the last Christmas season of keeping drunk drivers off the road, Stanna?

Ms. **Staar**. I think it was very effective.

Senator **Abdnor**. These young people must have been doing the same thing.

Mr. **Barlow**. We happened to kick off our chapter just before Christmas break because we wanted to blitz the media and our community before Christmas and New Year's parties. They still went on, but maybe we may have stopped a life from being lost.

Senator **Abdnor**. Just listening today I would have to say that alcohol is a bigger problem than the drugs. Is that a fair statement?

Ms. **Palmer**. Yes.

Senator **Abdnor**. More accessible and probably cheaper. I really appreciate you taking the time to come down. If your chapter knows of anything we ought to be doing you write us.

This is Barb Magnuson. We are part of three different caucuses down there and one is a drug and alcohol caucus and one is child abuse and the other one is health. And all three kind of tie together. So, if you have any thoughts at all in your organization or what we could do to help you let us know. And we thank all of you for coming very much.

I welcome Julie Eberle to the committee. Even though it's getting late in the day, the press is very important to us and thank you for coming. I will call on Julie first.

STATEMENT OF JULIE EBERLE

Ms. **Eberle**. My name is Julie Eberle, I am an English teacher at Rapid City Central, Rapid City, SD, and I serve as advisor to SADD.

Gary already explained that we were the first chapter in South Dakota so I have been involved in that. And my president was unable to be here today. I was also this last year involved in something that happened in my classroom and the two young ladies that are with me can explain what happened.

I am very proud of them because they saw a problem that existed in Rapid City and so many times we say well, here is the problem but we don't do anything about it. These two young ladies were instrumental in doing something about a problem that they became aware of. Michele is going to tell you what happened.

STATEMENT OF MICHELE BATES

Ms. **Bates**. My name is Michele Bates. It all started with Kim's sister who is in seventh grade and my brother who is in seventh grade. They went to a seventh grade—supposed to be a video party. My brother came home from the party and told me that drinking was going on, that girls were taking pills, sleeping pills and muscle relaxants, and one of the girls fell down on the floor and they called an ambulance for her and she came out of it. But she got up and they told her what she had done and she got on the phone and said that the children had been playing with the phone.

They notified the police and the police came to this party, found out what was going on. I don't know if they knew about the pills or the drinking, but they told them it didn't mix.

They stayed there for about an hour I guess and watched the movies with the kids. And so we went to—well, I kind of had an idea to do it and I talked to Kim about it. We went to two of the four junior highs in town and talked to all of the seventh graders at the schools.

The best thing we did was we had a question and answer thing with them. There was a panel of about six or seven of us and we each had given a little speech and then we told them they could ask us about our experiences and we would be willing to answer their questions as truthfully as we could. That worked out really well to do that with them. So, that's mainly what we did.

Senator **Abdnor**. Now, this was speaking as a group. Was that the SADD group?

Ms. **Bates**. No; this was just something we chose to do. We had a situation here. We had a situation where we did a lot of talking back and forth about things that upset kids and they came back to class and said can you believe this is going on. Here are seventh graders involved in these kind of activities. So, it was the class or some members of the class at their instigation and said let's form this speaker's group.

So we had the liaison officer in to talk to them and other adults in to show the movies, give them—we have a school person who is involved, Pam Teaney, who is involved in education. She gave them some ideas, they became educated and they said the answer is to go out to kids. Kim, if you want to talk about that, why it's important for the kids to do it.

STATEMENT OF KIM THOMPSON

Ms. **Thompson**. We decided that all through junior high we had programs, our liaison officers would come in with big packets that kids in junior high don't even understand.

We decided that it came across better for students to come across to students and we decided it came across better for sophomores to talk to seventh graders because we are kind of in their position, we are at the bottom of the school just like they are and we didn't get pushed around much but we could see where they were afraid of getting pushed around. We just decided that it would be better for kids to talk to kids than have adults talk to them because kids don't listen to adults.

But we found that they responded real well to us because we came and kicked all the teachers out of the room and we opened up and they opened up to us.

We felt like we were getting something across where at junior high we had adults coming in almost every day. We just got sick of it and we didn't—it went in one ear and out the other.

We just quit listening kind of, so we thought it would be better for kids to talk to kids and it worked we thought.

Senator ABDNOR. Young people working with kids is the most effective. But how many times have you done this? Have you continued on with the program or just in this one instance?

Ms. THOMPSON. First we did a trial program. We went for two classes on a morning, afternoon and we had the teachers be in there so we could have some feedback, and the counselors were there. They asked us to come back later in the week and spend the whole day talking to them.

And then we went to Dakota the next week and we wanted to go to North but we started this like when there was only a couple months left of school, and by the time we go to the schools there wasn't time to make it to all the different schools. But when we were at South we had a lady from one of the grade schools come in and she said she was interested in having someone bring it down to the grade school level like fifth and sixth graders, because we felt the problems could be starting there. And we agreed with that.

Senator ABDNOR. Obviously you two are very acceptable in getting into this. But you do feel encouraged and that breaking off into groups you could spend more time with these younger kids, because we are told that's the age where you really reach. How did these seventh graders react to this?

Ms. BATES. By the time we got into those programs we were talking to them like best friends, like brothers and sisters. They were opening up to us and asking us personal questions. And we were surprised to hear that a lot of these little kids have tried drugs and alcohol that we never even though of trying, you know, that we never even thought of.

And they were telling us about this and they were asking where to get help if they needed it and where to get help for their friends if they felt like helping their friends. So, we felt like they responded really well.

Senator ABDNOR. Did these young people tell you how they did get ahold of this stuff? I mean, do they buy it?

Ms. THOMPSON. The easiest way to get alcohol, with the base here that helps a lot because everybody can go to the guys on the street and tell them they can go and buy the beer or the wine or the hard liquor, whatever you want, if that's what you want they can get it for you. They are perfectly willing to do that. But if kids really want it that's the way you can get it. That's the easiest way, is to just get somebody old enough to get it for you.

Senator ABDNOR. Somebody was talking about pills.

Ms. THOMPSON. There were pills at this party.

Ms. BATES. The parties were at home and the girls just went in the bathroom and took them out of the medicine cabinet and just took some of them. They didn't even know what they were doing.

Senator ABDNOR. We heard stories they start with people younger than seventh graders. Obviously some little kids in third grade, fourth grade probably haven't been involved in it. You think it would be a good time to tell them about some of this stuff at that early age?

Ms. BATES. Well, a girl told us in this question and answer thing, she sent us back a piece of paper and told us she tried angel dust when she was 8 years old.

Senator ABDNOR. How do you feel about that?

Ms. THOMPSON. Michele said earlier that it needs to start in kindergarten, the education. I think we did it with smoking and we have I think far fewer people smoking. I think it has to start in kindergarten and it has to be emphasized all the way through. It's too late really in junior high.

Senator ABDNOR. I have been around young people a lot. I am still very interested in young people and working with them and we have a great group of young people in this country.

One time we had almost 150 of the Boy Scouts of all ages on the Capitol steps. One hundred more of them were there from Sioux Falls. The young people must have been junior high to senior high and the Eagle Scouts. Two weeks ago I had 100 young people from Sioux Falls who were in for the Youths for Christ group, great bunch. I hope there is some way to work with schools in getting the young people to reach out into these grade schools. It might be the most effective way.

It's great to hear from you and what you have done. These young people are willing to have an exchange with you. I am not saying you are going to save every kid but if you got ahold of one or a dozen it would be better. I am really interested in this drug problem and I am convinced we could be an army and a chain throughout our borders around America, but we are still getting some drugs in.

The final answer is making people realize the harm of getting involved in it. And so I really appreciate this. I am really pleased that you folks came up. Are you planning to continue this program?

Ms. BATES. We would like to. The thing is the time. We can't take time out of school to go and talk to kids all the time.

Senator ABDNOR. That's the only time you can really get them to talk?

Ms. BATES. How do you get a group of kids in the summer. We can't possibly take all the time out of school.

Ms. THOMPSON. We can't take their time out of school either because we took a whole class.

Senator ABDNOR. You have seven you say in your group, or——

Ms. BATES. I think between six and eight kids went.

Senator ABDNOR. Any more than that show an interest in that?

Ms. THOMPSON. By the time we got done with this there were people asking us if they were going to continue and if they could get into our group. It wasn't like the kids our age were putting us down for it. They were interested and excited about it.

Ms. BATES. Any of them who disagreed just kept their mouth shut.

Senator **Abdnor**. Gary, do you think something like that would go in your school?

Mr. **Barlow**. I think so. There was some discussion amongst a meeting of our SADD students of trying to get something to generate interest in the junior highs and whether it would be students going down there or having junior high chapters of SADD started, I don't know. But that has been discussed. And I think this is great that these young people are doing this.

Senator **Abdnor**. Gary, how about you over here? Do you think things like that would work?

Mr. **Runs Close**. Yes; I think that would be very effective. We tried that before with a younger member and there was just one, but he received—he didn't get as much flak from them as he expected he would from his peers.

Senator **Abdnor**. I really admire you two and what you set out to do. I don't know if other States are involved in this but we ought to have it going all over the country as far as I am concerned. That could be the cheapest and the best way. Sometimes we in Congress get a little carried away and think the only way you solve problems is with dollars and sometimes you can do a lot better job using the talents you have at hand that aren't even costly at all.

I would just like to say as we conclude this first hearing in Rapid City, the one that follows in Sioux Falls makes me all the more eager. This has been extremely valuable. I think we made a great contribution to our thinking and to our committee on what can be done.

And as I said before, this subcommittee has concentrated more on enforcement but we need the information we received today to come to a full cycle.

I appreciate all of you who testified today to help make this successful. Who knows down the road we may want to return. It would be great if we see some of those young people. I hope they find it possible to stop around in Sioux Falls.

SUBCOMMITTEE RECESS

Thank you all for coming out. I stand in recess until Friday, August 16, and we will reconvene the hearings in Sioux Falls. That makes it official; thank you all for attending.

[Whereupon, at 12:40 p.m., Wednesday, August 14, the subcommittee was recessed, to reconvene at 9:45 a.m., Friday, August 16.]

ALCOHOL AND DRUG ABUSE IN SOUTH DAKOTA

FRIDAY, AUGUST 16, 1985

U.S. SENATE,
SUBCOMMITTEE ON TREASURY, POSTAL SERVICE
AND GENERAL GOVERNMENT,
COMMITTEE ON APPROPRIATIONS,
Sioux Falls, SD.

The subcommittee met at 9:45 a.m., in the Nebraska Room, Howard Johnson's Motor Lodge, Sioux Falls, SD, Hon. James Abdnor (chairman) presiding.

Present: Senator Abdnor.

NONDEPARTMENTAL WITNESSES

STATEMENTS OF:

PHIL HOGEN, U.S. DISTRICT ATTORNEY FOR SOUTH DAKOTA

ROBERT OVERTURF, SUPERVISOR, DRUG UNIT, SOUTH DAKOTA DIVISION OF CRIMINAL INVESTIGATION, OFFICE OF THE STATE ATTORNEY GENERAL

OPENING REMARKS

Senator ABDNOR. The subcommittee will come to order.

This is the Subcommittee of Treasury, Postal Service, and General Government of our Senate Appropriations Committee. And today the subcommittee will continue its hearings with regard to the impact drug and alcohol abuse is having on the Nation.

In past hearings the subcommittee has concentrated on enforcement because that is where we have a direct impact on funding we provide for the Federal law enforcement agencies.

Now, our efforts to increase enforcement have met with success. We have concentrated on providing the U.S. Customs Service with the sophisticated equipment and manpower to hit traffickers where it hurts. Our efforts have also been directed toward the money men who finance drug trade. We have tough sentencing and forfeiture laws that have hit traffickers where it truly hurts; in the pocketbook. This, however, is just a start. There is much, much more that needs to be done.

We have all been talking statistics on drug- and alcohol-related areas, but honestly, this problem is not just about numbers. It's about people. To talk about this problem in purely statistical terms brings the issues of that vital defense which must be considered if we are going to solve this problem.

The alcohol and the drug problems do have their own way of letting us know about it. These don't always make headlines, but it affects its victims. When we come to investigate—as we are doing here today and in Rapid City earlier—we begin to realize the complexity of the problems, let alone the answers.

So many questions remain unanswered. Why do children and adults turn to drugs and alcohol in the first place? What are the conditions that lead to a life taken over by drugs and force users to turn to crime to support a habit? What can we do to prevent it? What is needed? Is it more education, and should that education come through the schools? Maybe the media or law enforcement. We must ask what is needed to ensure that the police can do their job better. We must also ask what can Congress do.

And as I noted earlier this week, this subcommittee has placed considerable emphasis on enforcement, but as we are all aware, there is more to this problem than enforcement. Education and prevention top the list of priorities.

I am proud to be a member of three caucuses in the U.S. Senate which are addressing this very issue; the drug enforcement caucus, children's caucus, and the recently created world health caucus. All of these groups include Senators from every part of the country and every political band. It's diverse, but we are united in our goal to eradicate drug and alcohol abuse. The information we receive today will be very helpful to us.

I have already taken one further step. Very recently we formed a new foundation to help with drug and alcohol abuse. It's a nonprofit organization put together to attempt to work with high schools throughout all of South Dakota. South Dakota will be a pilot project for us. If it's successful—and we think it will—we will be going into, maybe, Minnesota. It's going to be a national organization.

I came away from Rapid City the other day more convinced than ever that I was on the right track when two young ladies in high school told us in their testimony about their little brother and little sister. Both went to the same birthday party, chaperoned, where alcohol and pills became available. It caused quite a concern. The police were there.

These two older girls testifying formed a group in their school and exchanged information back and forth between seventh-grade classes in the school system around there. And they made some real inroads. That is exactly what I would like to see done.

This fall we are planning a high school drug and alcohol conference. We are going to ask delegates and advisers from the various high schools to come to a very well planned day on drug abuse and alcohol. We would have them return to their schools and start working with other high school students, with the peer groups working with the younger groups because we all know to really carry on an education program, we are told that it needs to be done on the lower grade level, the junior high and even younger. And we think there is a great place for this sort of thing. We think we can make some real headway. We would follow it up with additional meetings and also material we would send back with the students.

I tell you, I have become more and more encouraged when I see people like these Boy Scouts. I had 250 of them on the Capitol steps less than 1 month ago in Washington. And I thought what a great resource of manpower here you could have for this very program. A week later I had 100 high school kids from Sioux Falls who were in Washington for the Youth for Christ Movement and they were meeting for the best part of a week. They were only part of—just a small part of the 18,000 college and high school students who were present for that program. The manpower is there. We have a great group of young men and women in our schools who could be put to work and I know would be most willing to do it.

I would like to have two gentlemen stand who have come a long way to be with us today and who will not be testifying—Steven Albert and Jeff Brown—who are U.S. Customs agents out of Chicago. We welcome you here, and I am glad you could come to our hearing. Also we have Jim Edwards from the drug enforcement agency here in town. We are happy to have him.

And so I see our first two witnesses—couldn't be better individuals to start with. Mr. Phil Hogen, who is the U.S. district attorney for South Dakota here in Sioux Falls, and Mr. Robert Overturf, who is supervisor of the drug unit of the South Dakota Division of Criminal Investigation in the office of the State attorney general. And, gentlemen, we certainly welcome you to our hearings today. And you may proceed in any fashion you care.

Mr. Hogen.

STATEMENT OF PHIL HOGEN

Mr. Hogen. Mr. Chairman, thank you very much for affording us the opportunity to address this very important topic.

As the U.S. district attorney for the district of South Dakota, I have a number of roles to play that deal directly with alcohol and drug abuse. The U.S. attorney's office prosecutes violations of Federal crimes in South Dakota. And that includes, in large part, violations of what would normally be crime handled by States, but when that crime occurs on our Indian reservations.

We find there are many crimes of violence committed on our Indian reservations in South Dakota, and a very, very large portion of that crime deals directly with alcohol. And we think that if the underlying problem of alcohol could be controlled or dealt with on our reservations, that would significantly limit the violent crime that we encounter out there. We are also finding that—more and more we are finding crimes of embezzlement, crimes of fraud committed by individuals on our reservations who are using the funds to fund the alcoholism problem that they have.

I'm not trying to say that this problem is exclusive to Indian reservations, but that is an area of my jurisdiction and I am very familiar with that. And I think that is a concern that needs to be dealt with in some fashion.

I would like to spend most of my time this morning talking about the Federal drug enforcement strategy, both at the national level and here in South Dakota. As you know, the primary objective of the Federal drug strategy is to reduce the availability of illegal drugs and drugs that are diverted from legitimate sources. And this is done through three methods; through law enforcement, regulation, and diplomatic efforts.

With regard to the enforcement effort, we are trying to destroy drugs at their source. We are trying to interdict drugs before they come into this country. And, of course, drug trafficking organizations are to be identified, investigated, and prosecuted.

At the Federal level we have seen great assistance in these areas, in the area of budget increases. As of January 1982 the Federal Bureau of Investigation was given jurisdiction to assist the Drug Enforcement Administration in the area of drug enforcement. Law enforcement coordinating committees have been formed by U.S. attorneys throughout the United States, including here in South Dakota, and the President has created some organized drug enforcement, task enforcement. South Dakota is a member of the Mountain States task enforcement.

The Comprehensive Crime Control Act of 1984 that Congress passed in the closing hour of last Congress gave us some real tools that help us deal with these narcotic violations. Bail reform permits us to keep people in jail after their arrest when it can be shown that they're likely to flee or create a danger. And that permits us to deal with many significant narcotics violators. The forfeitures permitting forfeiture of drug-related assets were significantly strengthened by that legislation.

With regard to destruction of drugs, there is a domestic cannabis eradication program and that is active here in South Dakota. We have located and destroyed marijuana fields in South Dakota. And this is part of a nationwide effort spearheaded by Attorney General Edwin Meese. We are locating and terminating clandestine laboratories that manufacture methamphetamine and other controlled substances.

With regard to the identification, investigation, and prosecution of drug trafficking organizations here in South Dakota, we employ, of course, the Drug Enforcement Administration, which is the lead agency as far as detecting drug smugglers and drug dealers. And they are assisted in their efforts by the Federal Bureau of Investigation; Alcohol, Tobacco and Firearms Bureau; U.S. Marshal Service; and the Internal Revenue Service.

Any of these Federal efforts could not be effective without the support of State and local drug enforcement efforts. In South Dakota, we are very fortunate to have a strong effort at the State level. And I am sure that Mr. Overturf will tell us about some of those details.

We experience here in South Dakota excellent cooperation among the levels of law enforcement. We have a law enforcement coordinating committee. But in South Dakota, because we are a sparsely populated rural State, for the most part Federal agents know by a first-name basis those people involved in the drug efforts at State and local levels.

The law enforcement coordinating committee permits an exchange of information. There are Federal clearinghouses of information such as the EPIC Program—that is El Paso Intelligence Center—that permits an agent at a local level to submit a name, or a license plate, or an airplane identification number that they suspect might be related to air—to drug trafficking to find out if that has been involved in drug trafficking elsewhere.

Senator **Abdnor**. Is that the only place that is carried on?

Mr. HOGEN. Pardon me?

Senator ABDNOR. EPIC is being carried on now?

Mr. HOGEN. It's a nationwide program, but we have input here. We can access that from South Dakota.

I think probably the most tangible results that we have seen of this increased effort at the Federal level has been the creation of the organized drug enforcement task forces. The first thing I would emphasize to you is that we probably weren't as appreciative as we should have been that this is organized crime. People that are dealing in drugs, while they might not fit the traditional organized crime Mafia-type image, they are very well organized. They are very well financed. It's big business. And we have to approach it as such.

We are part of the Mountain States task force that includes the States of North Dakota, Nebraska, Wyoming, Montana, Utah, Idaho, and Colorado, as well as South Dakota. And Denver is our core city. There is a group of agents, a group of attorneys there in Denver that support and coordinate the efforts throughout this task force.

We here in South Dakota in my office have been allocated one assistant U.S. attorney who works exclusively on drug task force cases. And this promotes interdistrict cooperation and coordination. This permits several agencies to cooperate if they haven't been able to before. We can have DEA, FDI, and FBI agents work out of the same office, working on the same case, exchanging information. And it has been very successful.

We have employed some very sophisticated technics in investigating and prosecuting cases of this nature, including the use of confidential informants, surveillance, and electronics surveillance by wiretaps. Recent success that we have experienced is what has been characterized as the Pringle raid. In law enforcement we characterize that operation as Operation Crankshaft.

The drug that was being manufactured is methamphetamine, sometimes called on the street speed and crank. And we were very successful in identifying the individuals involved in that operation out near Custer. And we go to the heart of it through information received from other districts, primarily the district of Indiana. That is where some of the drugs were being manufactured out near Custer were being distributed.

DEA had an intensive surveillance operation going, including sending agents out into the Black Hills Wilderness to watch the activities at certain ranches there. And we utilized electronic wiretaps. We found that we have some problems working with some of these technics in rural areas. For example, if you try to follow somebody or surveil them in a town like Pringle, that is a lot more difficult than if you are doing it in a town—in the city of Chicago. It's also more difficult to set up things like wiretaps with small telephone companies where more or less everybody knows what is going on than you would find in a more metropolitan area. Nevertheless, we have great cooperation and I think great success in that particular operation.

The raid that took place 1 year ago in August netted about 20 pounds of methamphetamine right there on the scene and there were also chemicals that were sufficient to manufacture up to 409 pounds of methamphetamine. That, calculated at a street value of approximately $180 a gram, that would produce over 30 million dollars' worth of drugs. And by being successful in that effort, we feel that we kept that, those drugs, off the streets, not only here in South Dakota, but elsewhere.

We employed successfully the seizure of assets, not only the assets that were actually used in the manufacture of the drugs and the drugs themselves, but the items that were acquired by the profits of those drugs. This included the seizure of ranches, bank accounts, vehicles, and guns. And not only can those items be liquidated and those funds go into the Federal Treasury, but certain items can be transferred to Federal and State agencies to be utilized in the continuation of the drug fight.

We found that there were drugs being distributed in the Yankton, SD, area, methamphetamine. And eventually we tied this in, and it was all part of the same operation. So while we were surprised to find such a large operation in South Dakota, and then that these drugs were going interstate, we found that those drugs were also going into the, I guess, noses of young people here in South Dakota. And we need to be ever vigilant for those kind of operations.

In dealing with these cases, we find that youth is not only affected by being victimized as being hooked on the drugs themselves, but when I deal with the people that we arrest and put into the penitentiary, we get pleas for leniency by the families of the people that are actually going to jail saying the kids are going to be the victims. Unfortunately they are, but we have to continue our enforcement effort. But that is another way youth is victimized because the children of the people that are involved sometimes find that their parents end up in the penitentiaries.

We've got to turn the attitude around in this country so that that demand will go away. We have got to convince people that it is not cool to use drugs. We have got to reduce the demand. We have got to get people convinced that when they suspect or become aware that people are using drugs or dealing in drugs, they have got to come forward and cooperate with law enforcement.

When people come into communities and start spending large amounts of money with no explanation for the source of that money, the community needs to be careful because they may well be dealing with people that are dealing in illegal drugs.

And it's with that kind of an effort and with an effort like the program that you have just referred to, the new foundation that will work with youth and hopefully go nationwide, that we can make this change.

The agents from the Customs Service brought with them some drugs that I would like to display for the hearing at this time to give you an idea of just what it is we are talking about. And if the agents could bring the exhibits over here, Senator, I would like to show you.

Senator ABDNOR. Mr. Albert and Mr. Brown, we appreciate it. Mr. Albert, Ron—this is Mr. Brown. Now, these are drugs that you've confiscated, is that right?

Mr. BROWN. From the Midwest region, Chicago area.

Senator **Abdnor**. This is Mr. Brown, for the record. This comes from the Northwest region?

Mr. **Brown**. North central.

Mr. **Hogen**. Senator, we have here two bags of controlled substances. The first one is a 1-pound bag of cocaine. And it's a relatively pure source. This is approximately 80 percent pure. And this would have a street value of $200,000 if it were sold in gram quantities.

We also have a 1-pound bag of heroin that is 90 percent pure. And if this were sold on the street at a 2-percent level, which would be typically what you would find on the street, this could produce up to 2½ million dollars' worth of illegal drug proceeds. I expect this is probably the largest amount of heroin that has ever been brought into the State of South Dakota. Fortunately, it's brought here under circumstances—we have not seen in South Dakota significant amounts of heroin and we hope that continues to be true. But when the public is willing to pay prices like they are willing to pay to generate huge sums like this, it's understandable why—why there is an attraction to deal in that area and why we have a problem.

Senator **Abdnor**. Can I stop you, Mr. Hogen? How about——

Mr. **Hogen**. Certainly.

Senator **Abdnor**. How about the cocaine, is there more of that coming in all the time?

Mr. **Hogen**. Cocaine we do have a significant problem with here in South Dakota. There are large numbers of incidents of identifying it, locating it, and seizing it here in South Dakota. And that is, I guess, not under control and continues to be a problem.

Senator **Abdnor**. Is it growing?

Mr **Hogen**. Well, we expect that it probably is continuing at probably an increasing level. Methamphetamine, the manufactured substance that we seized out at Pringle, is also a significant problem. I think probably Bob Overturf from the State drug unit could give us a better idea exactly what the trend is here. But I would like to leave with you for the duration of this hearing these drugs to help impress you and the people that are interested how serious this problem can become.

Senator **Abdnor**. Maybe it's well that we all see it, everyone here today, to make us realize how powerful this is. And it's part of a $100 billion business in this country—billion, not million. Illegal business, I might state. Fine.

Mr. Overturf, we are delighted to have you because you are probably closer to it than anyone in South Dakota working on this issue. For the record, I think this is Robert Overturf who is the supervisor of the drug unit of the South Dakota Division of Criminal Investigation, office of the State attorney general. Mr. Overturf.

STATEMENT OF ROBERT OVERTURF

Mr. **Overturf**. Thank you, Mr. Chairman. And I appreciate you asking me to be here today. Fortunately, the news that I carry to transmit to you today isn't all good, but we are being successful in the State.

Mr. Hogen has touched on some of the Federal efforts and some of the joint operations that we have worked on together. And perhaps I can touch on some of the State and local efforts in South Dakota, some of the problem areas that we are facing and some of the successes that we are experiencing as well.

In South Dakota currently we have approximately one State drug agent for 110,000 people. Our agents are pretty much outmanned and outworked. We do what I think is a very—is an excellent job on the part of the field agent in the State drug unit. And their record speaks for itself. Unfortunately, I don't have any statistics for you today in terms of juvenile usage, abuse or treatment programs because obviously that is not the kind of activity I'm engaged in.

In calendar year 1984 there were 910 total drug arrests in South Dakota. These were by State and local authorities. The unit, the drug unit of the DIC attorney general's office, last year seized 2,700,000 dollars' worth of drugs. These were the drugs that the agents seized themselves with the assistance of the Federal Government and local agencies.

The biggest problem we face in South Dakota, to be quite honest, is the lack of resources, manpower, and funding. And this is experienced from the city level through the county, State. And I think you probably ought to agree that the Federal Government is experiencing the same thing. We all have budgetary restraints, and we live with those and we have to spend our money and the Government's as best we can.

The enforcement angle of drugs in South Dakota, what I think, is at a very important stage right now. You asked earlier do we see an increase in cocaine. Yes, we do at the street level in South Dakota. Do we see an increase in the methamphetamine usage? I believe we do at the street level in South Dakota as well as the common place usage of marijuana periodically across the State, which marijuana seems often times becoming a rather accepted drug across the Nation. Nationwide I think the drug problem has reached a critical stage. And I don't think South Dakota is any different than the rest of the Nation. We are seeing increasing sizes in terms of seizures, and I think nationwide we are experiencing the same sort of trends.

South Dakota is a member of the National Association of State Drug Enforcement Agencies. And as such, we try to keep in touch with what is going on with the rest of the States in terms of their State drug enforcement problems. The attorney general, Mark Meierhenry, as I think everyone in this room knows, is very prolific and is progressive in terms of his drug enforcement efforts. And it's been very encouraged—encouraging to work for him in that situation.

In South Dakota the drug trend essentially comes down to marijuana, cocaine, methamphetamine, LSD, psilocybin mushrooms, and a variety of prescribed narcotic drugs. As Mr. Hogen indicated earlier, fortunately we don't see a lot of heroin in this State. However, speaking from the State angle and having contact with many of our city and county law enforcement agencies, I think we can agree that cocaine and methamphetamine are in the increase in

South Dakota. Our latest cases over the last calendar year—fiscal year seem to indicate this.

For the first time in the history of the drug enforcement unit, we had to send agents outside of the continental United States on drug-related investigations. I think this is indicative of the trend in the future. And it's a little bit of a scary one.

Along those lines, I think my suggestion for drug enforcement in the United States and in the State of South Dakota is simply this. We—I think we have to address it as the serious problem that it is. I think we are doing that today, and I am very appreciative of being here to speak my peace about it.

I think we have got to donate and dedicate the resources, the manpower, the money that it takes to get really serious about enforcing our drug laws in the State. The State of South Dakota at the State level has some commendable and progressive drug laws, but if we don't have the manpower, the resources to enforce them, we can't continue to be successful in our war against drugs.

And at this point, as I mentioned to you earlier today, I would like to discuss the bill that is in the House of Representatives and I believe also in the Senate at this point, U.S. House bill 526, H.R. 526, which I think addresses this very issue that I'm discussing.

City law enforcement, county law enforcement, State law enforcement of the State of South Dakota oftentimes does not have the resources, manpower or the money to dedicate to full-time drug enforcement efforts. Other than the cities of Sioux Falls and Rapid City and one investigator in Aberdeen, SD, State drug enforcement agents of the DCI pick up the bulk of drug enforcement in the State. And we are often, as I mentioned earlier, often out-manned.

And I believe it's S. 15 in the Senate addresses a bill by Congressman Rangel that grants $750 million to be administered by the U.S. Attorney General's Office to State and local drug enforcement, not only for the enforcement angle, but for treatment, corrections, adjudication, prosecution of drug cases. And I think it's—I think it's an ideal bill in terms of speaking as a State law enforcement officer. And I hope that this bill is—is successful in both Houses and that we are going to see the benefits from it in the State of South Dakota.

And the National Association of State Drug Enforcement Agencies has also passed a resolution supporting this bill. There are 48 State members in this association. And they are very interested in solving this as well.

To sum it up, the question was earlier what is needed for police to do their job and what can Congress do. I think that's, in my opinion, is the—is the direction we need to go in terms of enforcement. I realize that treatment and education are important factors when you are dealing with the drug abuse problem on the wide-angle picture. But speaking as a law enforcement officer, if we are given the proper tools and the backing and the financial resources to do our job, I think we can be even more successful than we have been in the past years.

Drug enforcement is a time-consuming, expensive proposition over the longrun. And it's a matter of biting the bullet I think and donating that amount of effort.

These photographs that I have here, Senator, are indicative of some of the things we have seen in South Dakota. If I can have somebody bring these up. These are all items in the State of South Dakota that our State agents were involved with and that were prosecuted at the State level. And in those series of enlarged photographs, you will see everything ranging from outlaw motorcycle gangs to hashish, cocaine, methamphetamine, cultivating marijuana, weapons.

South Dakota is not any different from any other State in the Union. We have our share of problems in terms of drug enforcement. We certainly are not like Florida, California, or some of the eastern or western States that have to deal with this on such a magnitude. We are facing our—our respective problems.

Senator ABDNOR. Where was this taken?

Mr. OVERTURF. That photograph was taken in north-central South Dakota recently on a search warrant there.

Senator ABDNOR. It's growing right up there?

Mr. OVERTURF. Yes, sir; it was. That was Harding County which shows again—it was in Harding County—the rural aspect of some of these major operations.

Senator ABDNOR. You are doing this mostly with limited law enforcement, manpower that you have?

Mr. OVERTURF. As I mentioned earlier, it's expensive and it's time consuming to conduct drug investigations. We have the support from the Attorney General. And realizing the State of South Dakota has a limited budget, that is why I am very concerned about H.R. 526. If we can receive some Federal funding at this level——

Senator ABDNOR. I think you are going to be pleased to know that in our forfeiture provision that passed last year, that the money—I have my name on the bill with Senator D'Amato—would go into the General Treasury and then allocated one-third to the Federal Government, one-third to local enforcement, and one-third for education programs.

Mr. OVERTURF. I think that is also encouraging.

Senator ABDNOR. Well, you know, Mr. Hogen talked about the crime package we passed last year. We have been on that quite awhile, but we finally got it in the general continuing resolution which isn't normally the place. I headed up the conference committee that handled it. We got the forfeiture bill in there where it didn't belong to start with, but we got it in there because we had quite some tradeoff. You really feel then this package has been of great assistance to you?

Mr. HOGEN. The crime package, the Comprehensive Crime Control Act of 1984 has been of great assistance, as have these other Federal initiatives. With regard to the task forces that I have mentioned, we did receive an assistant U.S. attorney here in South Dakota to help us prosecute these cases. We were allocated initially two additional DEA, Drug Enforcement Administration, agents. Unfortunately, we haven't got those people yet.

Our two agents are stationed here in Sioux Falls. They also have to service Sioux City, IA. And it just isn't possible, Senator, to do Federal drug enforcement in a place like South Dakota where there is so much territory to cover with two people in one corner.

We need more people out here. And we are hopeful that when they do train more agents and allocate them to South Dakota, we will get those two who were earmarked for this State.

Senator **Abdnor**. We are going to help you. That is one thing—you will find this particular committee I chair on appropriations that we have not been exactly known for being big spenders. We get a very limited sum of money for our section of the bill. And it all deals with manpower for the most part, for 68 agencies that handle the executive branch, Treasury, and GSA and all those. But the two biggest ones are the executive and the Treasury. But we have been generous, as a matter of fact, at the expense of many of our agencies. We just don't measure things in dollars in this area.

We need more Customs and Bureau of Alcohol, Tobacco and Firearms and IRS agents going in to dig out that laundered money because that is a quick source to get to the top. I couldn't agree more. And we need manpower. This is not the place to be putting freezes on. This is the biggest war we have on, and we are certainly going to do what we can toward getting—I just want to say I think we have the same bill, Mr. Overturf, in the Senate. I believe it's 215.

I just might say to you, Mr. Hogen, that I have sponsored or joined in sponsoring legislation that would call for creation of a national program by the Bureau of Indian Affairs and the Indian Health Service to educate Native American youth to the causes and results of Indian youth alcohol and drug addiction. It is more than a requirement that ongoing specific alcohol and drug abuse training and educational programs would be implemented for all individuals responsible for and in contact with Indian children.

The studies clearly show we need that. And this is what we are partly trying to do with our hearings here in South Dakota. Maybe we can get hearings in other parts of the country. There is an ongoing interest in this problem. It's the biggest problem we have. It's destroying America from within. It's getting to be a national security problem. We just have to make people aware of what is going on and demand more law enforcement and more education because that is the final answer.

One of you said that, you know, kill the demand for it, you can kill the programs. And hard as we try to keep drugs from coming across the border and adding manpower and more sophisticated equipment, sometimes over the objection of the administration, we are still not getting the job done. It's helping a little less with these seizures and things.

Well, I wish we had more time. Oh, yes, pardon me.

Mr. **Overturf**. Thank you, Senator. This bale was part of the largest seizure in the State of South Dakota earlier which is known as the Akaska pot plane in 1980. And this is baled marijuana that arrived in South Dakota on a DC-7 aircraft from Columbia, stopped through Panama. And it weighs approximately 33 pounds. I think this in itself is—is I think a good illustration of the fact that we are not immune from smuggling and from drug trafficking on a large scale in South Dakota simply because of our rural setting or our sparse population.

Resulting investigation by the Federal and State government lasted over 1½ years on this particular incident with one—one individual remaining a fugitive. All others were convicted.

Senator **Abdnor**. Is this the most commonly used form of——

Mr. **Overturf**. To our experience, marijuana is a very prevalent drug in South Dakota, as I'm sure the rest of the Nation.

Senator **Abdnor**. Tell us a little about the pictures. Is it quite common to find this?

Mr. **Overturf**. Yes sir; marijuana is I think common in most of the age levels.

Senator **Abdnor**. But the growth of it, I mean, around the State. Is there more and more of it going on?

Mr. **Overturf**. Yes; cultivation, we have seen more of it this year. Just last month—3 weeks ago, as a matter of fact, we seized over 3,000 plants of cultivated marijuana in another part of the State. And as you know, last—or excuse me, the week of August 5 was the national eradication effort the State took part in along with DEA and eradicated additionally approximately 180 plants in—near the Sioux Falls area. We do anticipate more cultivation seizures, and they are on the rise in South Dakota.

Senator **Abdnor**. I'll tell you, I was in with my western coalition of Senators. We get together every month and have breakfast and talk about problems in the western areas. And it was amazing when we got into the discussion about the amount of marijuana that is being raised in our national forests and parks, particularly in the parks. We have a real problem right under our own noses in Government. But we are trying to work on it. But it's not an easy thing. What's the value of that?

Mr. **Overturf**. The value, street level, street usage would be upward of approximately $45,000, give or take a few thousand dollars. The wholesale level, it would be closer to a pound level, it would be closer to $28,000, $25,000.

South Dakota, because of its rural nature, is ideal for growing marijuana because it can be—the sparse population and some of the isolated areas, as well as airplane traffic. And I think we are going to see an increase in that type of activity as well.

Senator **Abdnor**. Well, gentlemen, I wish we could go more into this, but we really appreciate your testimony. I think you got us off to an excellent start. You know the problem and how we handle it is more manpower. You are trying your best.

One last thing. I am really pleased to hear that the local and county, State and Federal agencies are all working so well together. That really is coming together well for you?

Mr. **Hogen**. Yes; it is. The interpersonal relationship between the various levels of government is excellent here in South Dakota primarily because of the people we have and the fact that they do know one another and have an opportunity to work regularly together.

Senator **Abdnor**. We got into this at a hearing down in New Mexico. And if you remember, Mr. Parkinson was with me. Incidentally, this is Mr. Parkinson, my head staff on this committee. And this is Mr. Mills, for the audience, over here who is from the ranking Democrat on the committee, Senator DeConcini. I am sure all committee chairmen and the ranking members work as closely as he and I do if we get the name Republicans and Democrats down there. Bob Mills is a great, great help to us today. This is Barb Magnuson from my personal office who handles this problem.

I am really happy to have them with us because I can't get along without them.

So we thank you gentlemen for coming and——

Mr. HOGEN. Thank you, sir.

STATEMENT OF JOHN NIEHAUS

Senator ABDNOR. We will stay in contact. Is John Niehaus here? I was wondering if that was John. John—would you come forward. I really want to welcome you to the committee today. I think it's wonderful that you are willing to do that. I guess you probably are closer to this problem than any of us. But John Niehaus, spelled N-i-e-h-a-u-s, is a young man who is undergoing treatment at the Threshold Youth Services in Sioux Falls. I'm sure this isn't an easy appearance for you, but we are very, very grateful for your coming, John. Could you tell us a little bit about your situation, your views on this whole matter.

Mr. NIEHAUS. From the beginning?

Senator ABDNOR. Anywhere, you bet.

Mr. NIEHAUS. I guess it all started when I first hit high school, moved into a small school, country school. And that's—I didn't ever think drugs would be a part of a country school. So I got into a wrong group of friends instead of sports and things I was supposed to do. And there were family problems, and I wasn't coping with them very well. I didn't have counseling at that time. So naturally I wanted to be a part of this group.

A VOICE. Senator, we can't hear him back here.

Senator ABDNOR. I am afraid—I'm sorry. This room is not equipped with—well, maybe it is.

Mr. NIEHAUS. Anyway, from the—well, from high school—I'll start over here. I didn't think there would be drugs in a little—in a little school like that.

Senator ABDNOR. How big was the school?

Mr. NIEHAUS. I would say at the maximum, about 750 people. And I started out like I was in grade school with sports and activities like that. But it turned into like a nightmare as soon as I hit my freshman year.

I got into the wrong crowd of people. They had contacts with drug dealers. And from there it was all downhill. Amphetamines, marijuana, alcohol. And I even had cocaine and things like that.

It came to where I was—I didn't know myself. I was never home. I was running away. I was in trouble with the law, with weapons, and whatever comes along with drugs, you know. So I decided to take it out on my friends and family. And I was in fights with my best friend. And suicide attempts. And the last one got—got me into intensive care.

And from there I decided I needed help and my parents decided I needed help. They didn't want me back to go through it all again. So I was sent to the Human Services Center in Yankton where I underwent treatment for a period of 2 months. It was supposed to be 4 months. And I couldn't accept the fact that I was an alcoholic and drug addict at my age. So I decided to run. And, again, I ran away and was picked up.

And I was moved to JDC here in Sioux Falls where I went on kind—it was kind of a treatment for myself. I taught myself, and the counselors there helped me out a lot.

And I believe after that I tried to go—go on in life without going to AA and NA, but I couldn't make it. I was having a little slip here and there. And so I decided going to NA and AA and then living at home, I was getting in a clash with my real father—my father because he had the same problem I did. And we just didn't get along.

I ended up quitting school due to the credit situation. I had—being locked up and things, I lost all my credits. So I quit school and was going to attend my GED classes so I could get my GED. And I decided then I would move out of the house. And so I was 17.

Now I live on my own and struggling, but still straight and sober. And the thing that helped me on my own, the main thing that helped me, was Threshold. I went—I attended this young adult life skills program. That is where they taught me to be on my own, with—what I do with my money and how to budget it and what to do in case of sickness. You don't keep running to your parents like I was for a long time. And they counsel me with all my little problems because it is rough out there.

And I think a lot—a lot of teenagers should see this. It's—it's scary. It was scary a long time ago when I first started. And I'm still scared of it. And I guess that's it.

Senator **Abdnor**. John, I can't thank you enough for coming forward and telling us that. And I know it took a lot of courage on your part to do that. And I just hope that young people here today and others who read about your story will think twice before they ever get into it. That is what we are concerned about. But before I go into that, do you feel now that through all of the struggle, you are being able to get ahold of the problem?

Mr. **Niehaus**. Uh-huh. I believe now that—after all the help I have got and finally—it took a lot of recognition from myself to know I had this problem. And then I let these people help. That's what counted. I wanted to know what was wrong with me. I had to get into myself before I could let anybody help me. So I did finally. And now people are helping me and it helped a lot. I'm much happier now than I ever was.

Senator **Abdnor**. Do you see yourself in a place where you might help somebody else who is going through this same miserable program?

Mr. **Niehaus**. Yeah, I would like to help a lot of kids. I have done commercials and public messages on TV and things. And I would really like to help other kids in my position also.

Senator **Abdnor**. All right. That's great. I was wondering, John, about this drug availability, is that quite accessible to our kids in schools and things?

Mr. **Niehaus**. I was able to get it any time during the day at school.

Senator **Abdnor**. You were able to get it?

Mr. **Niehaus**. I could get it any time. And the alcohol was the easiest, I would say. I would say any kid in high school can get it. For a while there, it was 18 when kids could get beer, and so a lot of seniors were 18 and were able to get it for all the other kids in school. But now it's 19. And drugs were illegal from the beginning. I mean there—kids are getting them just like—they are easier than cake. So they can get the alcohol the same way.

Senator ABDNOR. It does take money. I mean is there a constant search for money once you get into this thing? I mean is that a constant—sure, you said you can get it any time you wanted to, but you didn't always have the money to do it.

Mr. NIEHAUS. No; I was out of a job and I was using my own lunch money. I was going without breakfast, I was going without lunch, and sometimes even supper. I would use all my money on the amphetamines and the—all the other things I used.

Senator ABDNOR. While you were doing this, were you doing it by yourself or were there groups of you together?

Mr. NIEHAUS. There were groups at a time and then there was a friend—a couple of friends of mine I would go out by myself with. And most of the stuff I used was pretty well free. He had it and I used it and we both kind of shared that way. And I have no idea where he got it or where—the guy he got it from, you know.

Senator ABDNOR. Would you say that the schools—that alcohol is a bigger problem than drugs?

Mr. NIEHAUS. I would say the alcohol is the No. 1—I think everybody—almost everybody in the school uses alcohol from what I have seen.

Senator ABDNOR. How far down? Does that get into the grade school, junior high?

Mr. NIEHAUS. I have seen—at the youngest, I have seen a little 7-year-old using marijuana.

Senator ABDNOR. John, we thank you very, very much for coming forward and giving us the benefit of your experience. I think it's a real education for all of us to know what you have gone through and the way you are fighting it. And we congratulate you and hope we can see more of you because you have been very helpful to us. Thank you very much.

Mr. NIEHAUS. Thank you.

STATEMENT OF RUSSELL STUBBE, REPRESENTING STUDENTS AGAINST DRUNK DRIVING

Senator ABDNOR. We have Mr. Russell Stubbe—he is a 1985 graduate of Lincoln High School, Sioux Falls, SD—appearing on behalf of the SADD, Students Against Drunk Driving. Do you have anyone with you, Russ?

Mr. STUBBE. No.

Senator ABDNOR. You will be alone. Russell, we appreciate this kind of testimony. If you want to know what is going on, you better talk to the people who are close to it. I commend you for your program. SADD is doing wonderful things all over the country. So we welcome you to the committee. And you go right ahead. You might again tell the clerk your name.

Mr. STUBBE. My name is Russ Stubbe. I am a member of the board of directors of the Lincoln Senior High School chapter of SADD in Sioux Falls.

Last year it came up that the school decided that they were going to try to start a SADD Program at Lincoln. And a group of teachers were formed together to see if there was enough interest with the students to try to start one. I was one of the students contacted because of my talking with the counselors about my father's problem. He was an alcoholic. And so I got involved in the program at that time.

When we first showed a videotape, we had about 90 students show up at 7 o'clock in the morning to watch the videotape. There are 1,500 students in the school. We figured that was a great turnout.

After the videotape was shown, we decided to start the chapter. And we had a kickoff on December 13 at Lincoln in which we got a lot of news coverage. And it was just—we had Bernie Sogo in who is a sport—is an athletic director of Iowa, and he came in and talked to the students.

After that we handed out our contracts for life which is a contract between the parents and the student should either of them come into a situation which one of them has been drinking or the driver has been drinking, they can call each other for a ride. It's one of the ways SADD works with the teenagers and the parents to get them to work together. SADD is a teenager-run organization. Youth run it. And we are advised by adults, but it is us that run it.

Later on our chapter—the first year was more or less a learning year for our chapter. We decided that hopefully we were going to try to start more chapters instead of working in the community with some of our goals. That is set up for this year. We went around. We talked to about 10 or 11 different high schools, and we spent 1 day where we went up to Pierre and gave a presentation to the State senate and State house of representatives which was a great experience for us.

This year hopefully, if we can get it planned out, we are going to do more with the community and try to get public awareness up and hopefully we can—we are going to try to get the problems down to the junior highs where the problem starts. Hopefully if we can change the peer pressure, which is basically the big, big problem in the schools now, if we can change it at the lower levels, when they get up to the senior high where it is easier to obtain the drugs, it will be a lot easier for them to say no or for them to call their parents if they are in a situation where they feel they are going to get into a car with a drunk person.

Alcohol related car accidents is the No. 1 killer of teenagers. And the second number—or the second killer of teenagers is suicide. Teenagers today either drink themselves, they run them into a wall, or they go out and kill themselves.

There is a problem out there. And drugs are widespread and no one is immune from them. And I can tell that from being in the Sioux Falls school system since I have been a youth. It is a problem and it is gradually going down. As a person said, it is going down into the junior highs and into the grade schools.

Basically the thing I see is a lot more awareness. If we can get some senior high kids to start working with the other kids that, you know, the younger kids that look up to them, I think that is going to be one of the ways to stop the problem because, you know, telling a teenager not to drink and not to do this is not going to be anywhere. You have got to work right along with them and try to help them through it instead of telling them no and trying to punish them with it. It's just to help them with it.

Senator ABDNOR. Russ, that's, I guess, what I thought I would be hearing and hoped I would. I commend you for the work you are doing with your SADD group.

Let me ask you, of that 90 students that showed up to hear the gentlemen from Iowa speak and the group that you have today, are the students that have used alcohol at one time themselves, you think?

Mr. STUBBE. I was very surprised that—that first morning that we had those students come in, the 90 students, it was a widespread distribution of throughout the entire peer group. When we had Bernie Sogo in, we ran—he got up in front of the whole school and gave a speech throughout the whole school. And I was surprised on how many people really liked it. And that was the quietest assembly I have ever been in throughout my entire, you know, school life. It was dead silent in there when he was talking. People were listening to him because people know how bad the problem is.

Senator ABDNOR. And, again, the people that you were working with in your organization, have some of those been using alcohol considerably?

Mr. STUBBE. Yes; some of them have, yes.

Senator ABDNOR. And does it help alleviate the problem? Are they——

Mr. STUBBE. Yeah; if you just had nondrinkers on the board or nondrinkers involved in SADD, you wouldn't get anywhere. You have to have somebody who is actually doing it in order to, you know—because if we are visible at the parties—I know the president of SADD, Heather Taylor, was at a party once. She wasn't drinking and a lot of people were giving her a bad time about it. She was surprised that two or three people whom she didn't think liked SADD stood up for her and said they liked the program and told those people to back up. And it really surprised——

A lot of people don't come forward and say they like the program, work with the program, but a lot of people are for it in the background because they feel if they like it up front, a lot of their friends wouldn't associate with them anymore. There is peer pressure against them. So they sort of support us behind the scenes and let a smaller group—which is basically the idea of a smaller group, 10 to 15 for the first couple years—run the organization within the school. And later on, as the peer pressure dies down, the group gets more active.

Senator ABDNOR. Do you think we could—did you hear me talking a little bit about the foundation I hope to put together?

Mr. STUBBE. Yeah.

Senator ABDNOR. You don't see that interfering with your own group of——

Mr. STUBBE. No; anything—anything that can help the students, I'm for. The SADD Program basically is to help the students themselves work with their own problems. And if we can have help with it, we are not going to turn it down.

Senator ABDNOR. That is precisely what we would like to see done in this program. I mean maybe we can help with materials and outside groups and occasionally speakers. But I still feel as you have been saying here; it takes young people to deal with young people. That is what those two young ladies in Rapid City told us. They had great exchanges just talking between each other.

I think it's got to be the greatest resource of material to fight this battle with, as anything I know. And I think there are plenty of people. I think Boy Scouts would be involved. I think there are other groups that could be brought into this thing. And they could—those younger kids, I guess you will admit it, they tell us—you just finished high school, but as you know, your buddies and friends who were using alcohol and drugs to extremes, are tougher groups to try to educate, to bring around to stopping. If we get those younger kids, I just think people of your age group would be the group to work with them, will take this peer—take their peers and work in just the opposite direction, the good that could be done by it.

So I wouldn't want you to hold back on me. I would like to have you really tell me if there is a place for this program I hope to institute and get started in the near future.

Mr. STUBBE. Sure, there is a place because the problem is so big, no matter how many programs you have got, it's going to take a lot of years to start getting something worked out because it might work in one part of the State and then again in another part of the State, it might not work. But as long as—if we can help one person—that was one of the things that was brought up—if we can save one life by all our efforts, it's worth it, you know, because you can't put a price tag on life. You can't put a price tag on somebody else's education and somebody else's family because it was brought up that we had some people that had made signs that had said instead of SADD, Students Against Drunk Driving, it said Students Always Drive Drunk. And they had brought up little signs and stuff like that against us.

Well, Mr. Barlow, our teacher advisor, who I have a lot of respect for, came up with one answer. He says if you are out, you know, if you are sitting in the living room, you know, watching TV and your parents went to the store to get groceries and a drunk driver wipes them out, it had nothing to do with the teenage parties that we have been going on. He says SADD is not only to help the teenagers, but also to help the parents cope with it because maybe if a parent is sitting watching TV and sees a PSA or something, he might think that he has got a problem and come forward because the teenagers are telling the adults, too, that there is a problem up above, too.

Senator ABDNOR. Incidentally, we had Mr. Barlow and two young ladies of your group before us in Rapid City the other day. There was a conference going on, statewide I think. The division of alcohol and drug abuse was putting it on. We were very pleased to have them appear.

Well, Russ, we thank you very, very much for coming forward. Let me ask you finally, is there—is yours the only high school group of SADD in Sioux Falls or do the other schools——

Mr. STUBBE. As of now, I think it's the only one in Sioux Falls. I know Canton has one going and they have been doing a super job with their community. And we have gone up to Dell Rapids and we have gone to a couple of other little communities like Marion.

When we first started, we just—every week we were going out to a different high school giving presentations. And I was really surprised on how many groups wanted us to come up and speak.

Senator ABDNOR. Did you young folks start this on your own? Did you have much help from outside encouraging you to start a SADD chapter?

Mr. STUBBE. It just more or less came forward. Mr. Schmidt had gotten the idea out at a conference or something and brought it out to the teachers. And then the teachers decided that maybe—that they wanted to see if there was any interest in it. So then they—then they got the interest going.

Once it started, it was more or less the students running it. Mr. Barlow would sit back at our board meeting and say, OK, what are we going to do. He would have us run it. He wasn't sitting up there telling us what to do. We had to come up with the ideas and we had to do it.

That's why I think the first year that we had it going was a learning experience. A lot of people that are on the board will remain on the board and use their experience this year because we made a lot of mistakes on how to approach things, and this year I think we are going to be doing a lot better.

Senator ABDNOR. Very good. Thank you a lot, Russ.

Mr. STUBBE. Thanks for having me.

Senator ABDNOR. We appreciate your testimony. It's really helpful.

EDUCATION FOR PREVENTION PANEL

STATEMENTS OF:

KAY LUNDBERG, PRESIDENT, SIOUX FALLS PTA COUNCIL AND MEMBER, STATE BOARD OF THE SOUTH DAKOTA PTA

PAM CONGDON, SIOUX FALLS PTA COUNCIL

VALERIE FROEHLICH, PRESIDENT, SIOUX FALLS EDUCATION ASSOCIATION

RAY SCHMIDT, ASSISTANT PRINCIPAL, LINCOLN HIGH SCHOOL, SIOUX FALLS

DAN GRIFFITH, ASSISTANT PRINCIPAL, AXTELL PARK JUNIOR HIGH SCHOOL, SIOUX FALLS

Senator ABDNOR. Next—we are going to have a panel on the next witnesses. We call it education for prevention. This is what we are talking about and why we are very grateful for these people. Miss Kay Lundberg, who is the Sioux Falls PTA Council president and serves on the State board of the South Dakota PTA. We have Miss Pam Congdon testifying on behalf of the Sioux Falls PTA Council; Miss Valerie Froehlich, president of the Sioux Falls Education Association testifying on behalf of the SDEA; and Ray Schmidt who is assistant principal at Lincoln High School here in Sioux Falls. And will you folks—and Dan Griffith, pardon me, assistant at Axtell Park Junior High School, Sioux Falls, SD, testifying on behalf of the Sioux Falls public schools, Mr. Schmidt, I expect, is going to have a statement.

We welcome you to the panel. I don't know what order we are in here, but, Pam, which one—Kay, you have got Kay, I think, scheduled first. Anyway, go ahead. We will go from left to right. Go right ahead.

If you will each tell your name for the record. This is testimony that is going to be kept on record in Washington. And we really appreciate your coming because education is a major part of our whole purpose here. And why don't you start.

STATEMENT OF VALERIE FROEHLICH

Ms. **Froehlich**. OK. I am Valerie Froehlich, president of—I am Val Froehlich and I am speaking for teachers mostly in Sioux Falls and in the rural areas around here, speaking also for SDEA.

And I have been talking to a great many teachers and counselors and other assistant principals in our system regarding the chemically dependent children and the problems we have got in our school system. Mostly I would re-echo a lot of what the other two students have—well, one student and another gentleman have said regarding the problems in our schools.

We right now have a program at the high school level and the junior highs where Project Awareness comes in the schools. They come in on a very limited basis. And I believe if you have somebody else speaking for Project Awareness, they would be able to give you more details on that. They came—come into the high schools and junior highs on—maybe like once a week for a couple hours. They come to the elementary schools maybe once a year. It's on an extremely limited basis that we receive their help.

We have, of course, units within our curriculum that deal with drug and alcohol abuse within the health curriculum and home economics. So everything else that is done to help the children who have problems in the schools is done on a 1-to-1 type of basis with the counselors or with the Project Awareness people. Since it is so limited, a lot of the kids just slip through our hands.

And I would re-echo what has been said before. The biggest problem now seems to be, from the teachers standpoint looking at what is going on, is the alcohol abuse. It is extremely widespread, not only in high schools and junior highs, but it is becoming more of a concern at the elementary levels.

And I applaud the fact that you are going to start that program at the high schools. I seriously wish you could move it down to the junior highs and elementary schools.

Senator **Abdnor**. The purpose of it is for those people to be in the—I mean not to high school. We have been told that the place to work with them is elementary and junior, but we think there are a lot of great high school kids who could really communicate to these others, and that is where we are trying to get our manpower.

Ms. **Froehlich**. That is exactly what you need because if you can't have some kind of intervention program, we are at a loss. The kids formulate their ideals and their goals and their values very, very young. The problem is not only peer pressure, which is an extremely large amount of it; the problem is parental attitudes and our community attitudes.

It is not a big deal to have parents buy liquor and beer and everything and have it available in their house. It is a very widespread belief among quite a few of our community members that it's best to have their parties at home and keep the kids there rather than let them out on the streets running around. While it's good to keep the kids at home, you can see what is happening. The problem is just becoming—snowballing. If it's OK for the parents to do it, why isn't it OK for me? So a lot of what you need to address is a lot bigger than just kids. And I don't know that we always can address, you know, that kind of attitude type of problem.

Senator **Abdnor**. Do you think you can overcome that?

Ms. **Froehlich**. I don't know that you ever can. But this is part of the problem. And it's an intervention on that type of level. We don't have the funds in Sioux Falls to deal with that kind of thing. That is why I sincerely hope that your Federal program will really help us a lot because we need more help outside of our district. We don't have the funds to be able to get in—counselors naturally just don't have the time to work at home intervention and working with kids one-on-one to be able to deal with the problems.

An awareness problem, and also a problem is needed with in-servicing of teachers. Quite frankly, a lot of us don't know how to identify some of that—some of the problems that are going on until we have been in-serviced about it. We are not always ready to accept what is going on or it goes by us without really understanding what is happening. So it's a twofold type of approach we would really like to see.

Senator **Abdnor**. Thank you. I hope I see this thing go the way where it can help in those other areas that you are talking about. We will see how many companies and businesses throughout the United States think this has got merit and join in with us. We kind of hope they do, but we are a long ways yet before we see it. But I know we can get the students themselves, we can get rolling on that and go as far as we can. We have great hopes for it.

Fine. Good morning.

STATEMENT OF KAY LUNDBERG

Ms. **Lundberg**. Good morning. I am Kay Lundberg. And I am president of the Sioux Falls PTA Council. I am speaking on behalf of Barbara Harms, president of the South Dakota Congress of Parents and Teachers and a board member of the national PTA which, with 5.6 million members, is the largest volunteer child advocacy association in the Nation. The South Dakota PTA is comprised of over 7,400 members who are concerned about the health and welfare of children and youth.

The prevention of alcohol and other drug abuse among our young people is a top priority of our association. Over the years, alcohol use among the young people across this Nation has reached epidemic proportions, and South Dakota is not excluded.

In South Dakota a survey was taken of 7th through 12th grade students in 1981. Of those students, 88 percent reported they had used alcohol at some point in their life. Of that group, 24 percent reported weekly use of alcohol and 32 percent reported they drank eight or more drinks when they did consume alcohol. The survey also pointed out that as students got older, the frequency and amount of alcohol consumed increased.

We clearly have a concern in South Dakota with regard to our youth and alcohol consumption. How is the South Dakota PTA responding to the problem? Through our affiliation with the national PTA we are trying to help turn children away from the involvement with alcohol through: one, alcohol education; two, raising the minimum drinking age to 21; three, promoting legislation supporting the labeling of alcoholic beverages and warning labels on alcoholic beverages; and, four, promoting equal time for health messages with regard to alcohol advertisements, namely beer and wine.

During the past 3 years the national PTA has awarded grants to more than 30 PTA councils throughout the country to enable them to conduct drug and alcohol prevention programs in their community. Aberdeen has received this grant for 3 years and Pierre just received their first grant which will be implemented this coming school year.

The South Dakota PTA believes that involving parents and the community is a critical component in preventing alcohol use and abuse. However, we are also aware that volunteer efforts, no matter how extensive, will not alone solve the problems associated with youthful alcohol use.

Parents are asking for the cooperation of our elected officials at State and Federal levels to pass legislation to help prevent young people from becoming involved with alcohol. PTA members across the county have led efforts to raise the minimum drinking age in their State to 21. The South Dakota PTA is currently involved in this campaign.

The efforts of the South Dakota PTA might help turn our children away from involvement with alcohol. However, these efforts are not enough. There is another segment of our society which has a great influence on all of us, and that is television. Beer and wine advertisements saturate the air waves to the tune of $700 million per year compared to $7.1 million in free time for public service announcements about the effects of alcohol consumption.

The South Dakota PTA as well as the national PTA believes that alcohol advertising works against efforts to discourage our children from drinking. The South Dakota PTA supports a petition drive called Project SMART, Stop Marketing Alcohol on Radio and Television. We also support the Fairness in Alcohol Advertising Act of 1985, H.R. 2526. This measure would amend the Communication Act to require that if radio and television licensees and cable operators air commercials promoting alcoholic beverages, they must also provide equivalent time for public service messages about the broad range of problems associated with the use and abuse of alcohol. We respectfully ask Senator Abdnor to consider sponsoring a similar—to consider sponsoring similar legislation in the Senate.

All of us share responsibility for children and youth, and we can all contribute to a healthier and safer society for our young people Alcohol abuse among adults is a national problem. Alcohol abuse among children and adolescents is a national tragedy.

Thank you for this opportunity to present our concerns of the South Dakota PTA.

Senator **ABDNOR**. Thank you, Mrs. Lundberg. I will say that Barbara Harms has submitted a written statement that we are going to make a part of the record, so we will have that also with us.

STATEMENT OF PAM CONGDON

Ms. Congdon. I am Pam Congdon. And I am from the Sioux Falls City PTA. And I am the drug, alcohol education-prevention person. I would like to thank you for this opportunity to share thoughts with you regarding drug and alcohol use and abuse.

I would like to begin by acknowledging the problem to be one that touches virtually each of our lives. It is a challenge and attitude that most young people are introduced to at home. We as parents do not have to be alcohol or drug experts to talk to our children about our use and feelings about alcohol and drugs. We do need to be honest and deal with our reality as well as theirs.

We find that so many problems are interrelated to drugs and alcohol. For instance, abuse, neglect, runaways and breakdowns not only in the family unit, but also in family communication, to name a few. I would like to list specific considerations that could be—make an impact on our drug abuse problem. These points come from a pamphlet which unfortunately is now out of print, but it's one published by the National Clearinghouse for Drug Abuse Information in Washington.

Senator Abdnor. Can we have that when you are through or is that your last one?

Ms. Congdon. If you make me a copy, yes. One of the points that I feel is really crucial in our—is that double standard produces a credibility gap. Adults who misuse liquor, tobacco or other drugs should be judged by the same standard as young people.

No. 2, children should not be continually exposed to the idea that the stresses of daily life require chemical relief. Respect for all chemicals, especially mind altering chemicals, should be installed in people at an early age.

No. 3, factual information about drugs should be stressed rather than attempts to frighten people.

No. 4, efforts to detect and apprehend all illegal manufacturers and large-scale traffickers of illicit drugs should increase.

No. 5, further research in prevention, education and treatment technics should be carried out. I would specifically like to encourage more PSA's on the television and radio pertaining to drug alcohol use and abuse.

Awareness seems to be a key element in educating and forming our attitudes and values. I would like to increase—tougher, more stringent laws and punishment pertaining to drug and alcohol abuse. I would like to encourage us all to look anew on the kindergarten through grade 6 group of children. Their feelings of self-worth are so vitally responsible for the citizens that they are to become. We need to give these children living skills, skills that they will use for decisionmaking their entire life.

Two serious concerns I have is the drug use of young people and the knowledge that for some of these young people, the step to alcohol addiction can only be a matter of months rather than years.

In the last year our Sioux Falls PTA's have joined together with Project Awareness and the Fellowship of Christian Athletes to bring a significant——

[Brief interruption.]

Senator Abdnor. Go ahead.

Ms. CONGDON. Mr. Griffith said that was hot testimony.

OK. We sponsored again along with Project Awareness a poster contest in conjunction with National PTA Drug and Alcohol Awareness Week which was March 3–9 of this year. The Chevron Corp. was our corporate sponsor for the national efforts, which Kay has given you one of these.

Out of the 425 entries of posters depicted on alternate activity to drug, alcohol and tobacco use, we received 425 different ideas ranging from "Hit The Ball, Not the Bottle," "If You Are Going To Be A Space Cadet, Be The One We Respect," "I Get High On Chocolate Pie," "Collect Bugs, Not Drugs," and so on.

Our first lady, Nancy Reagan, spoke to the national PTA convention saying, and I quote, "the most effective antidote to the terrible impact of drugs on a young life is active involvement by parents and teachers. We must recognize that guidance and discipline from parents and teachers are essential weapons in the drug abuse battle."

Our plans for this next year are to place the National PTA pamphlet "Young Children and Drugs, What Parents Can Do"—I'll give you one of these—in all our doctors' and dentists' offices in Sioux Falls, along with carts in each school with drug and alcohol information.

It's difficult and rewarding to live in a free country where we have a multitude of choices to make throughout a lifetime. We need to provide our children as well as our adult citizens with tools to enjoy responsible fulfilling lives. Thank you.

Senator ABDNOR. Thank you. I don't want to rob you of your last piece of material, but at least we will take a look at it.

Ms. CONGDON. If you can bring it back into print, you can gladly have it. This is one of the best.

Senator ABDNOR. At least let us look at it. We wouldn't take it away. We certainly wouldn't take it away from you.

Mr. Griffith.

STATEMENT OF DAN GRIFFITH

Mr. GRIFFITH. Mr. Chairman, my name is Dan Griffith. I am assistant principal at Axtell Park Junior High School.

I do not wish to cover things that have already been covered today. I would like to add some things maybe that have not been covered.

I am, first of all, very much in agreement with every thing that I have heard this morning, I am also especially in agreement with your opening statement when you said the drug problem and drug abuse is very complex. It definitely is. It is in all parts of our society. That includes our schools. It affects our schools probably to the same degree that it affects the other parts of our society.

Education has been named as one of the solutions. Definitely because education suffers to some degree because of drug abuse, we have an obligation to try to solve the problem. I want to only emphasize that education is part of the problem. Many young people with the proper knowledge and the proper information are able to make proper decisions and avoid drug abuse. But like the person that has five DWI's and has gone through five DWI schools and has more knowledge about alcohol and drinking and driving than most of us in this room, but yet they continue to drink and drive, education is only part of the problem.

And the part of my job that is frustrating for me is to work with a young person who has been through drug education and drug information and still has a drug problem. And those young people need 24 hour treatment. They need something that is effective, and that usually costs a lot of money. And in my school, the people that I work with that are in this situation usually can't afford that type of very expensive treatment.

Senator ABDNOR. Can or cannot?

Mr. GRIFFITH. Cannot afford that kind of treatment. And so last year I spent part of my time trying to locate the kinds of programs that can pay for that. And they are very short. They are very limited.

Senator ABDNOR. Did you find any at all?

Mr. GRIFFITH. Yes, yes; there are a few openings. Definitely not enough to handle the number of students that—number of young people that should benefit from that.

Senator ABDNOR. Private groups?

Mr. GRIFFITH. Yes; but they are very limited, very few. And any kind of drug program should include those people that are ill, that are addicted and that need that type of hospitalization and treatment. I would like to also add——

Senator ABDNOR. Do you have any idea what one costs?

Mr. GRIFFITH. It's—well, you can imagine what it costs to be in a hospital. It's similar.

Senator ABDNOR. How long are they there?

Mr. GRIFFITH. Well, I think that any—any treatment program that is effective is a minimum of 30 days, and most experts I think will tell you that that should be closer to the 90 days.

Senator ABDNOR. I have been told at some people centers around in South Dakota, I think alcohol abuse—I mean for alcoholic adults, they had a $15,000 bill for a couple weeks. Is that high or is that about the price? It's expensive, I guess.

Mr. GRIFFITH. Yes; it is. It is—I think I am optimistic because of the way people feel about drug and alcohol abuse today compared to just a few years ago. Seven years ago I testified before a committee in Pierre, SD that had a bill before them to raise the drinking age from 18 to 19. I was the only person to testify in favor of that bill. It did not get out of committee. There was only one favorable vote in committee for the bill. And two people that sponsored the bill there in committee voted against it after testimony. Times have changed for the better. I think that we can be somewhat optimistic because of the fact that people feel differently about drugs and alcohol than they did just a few years ago.

And the last thing I would like to say is that many times we make fun of bureaucrats. We like to point to their failures and not their success. And the SADD program at Lincoln High School came about primarily because of a good student body. But it was introduced to Lincoln High School by a Bob Clark who was director of highway safety in Pierre. And at that time he made a special trip to Lincoln High School and presented to Ray Schmidt the information about SADD, and who later helped to provide a trip that allowed Ray Schmidt to see some SADD chapters in Iowa. And so those programs and the people that work in safety on the State level and Federal level are effective. And you saw one of the fruits of their labor here when Russ testified.

Senator ABDNOR. You bet. Thank you very much, Mr. Griffith. We have heard fine things about Mr. Schmidt. I'm anxiously awaiting your statement.

STATEMENT OF RAY SCHMIDT

Mr. SCHMIDT. I am Ray Schmidt, one of the assistant principals at Lincoln High School. And I am not going to rehash—I am in full agreement with what has been said up to this point.

And as an administrator, we are always looking for pennies to find so we can put on some of those programs. And one thing about SADD, we are getting a little bit of help just from the standpoint of just donations. And we are working on a budget of about $200, $300. As you can see, that isn't much. Every time we go anyplace, we have to be dependent on other finances or we have to have a bake sale or a car wash or something like this here to send some of these kids out. And this program has been effective.

When we first started this program up at Lincoln is that when we—we, I think, personally invited by letter 45, 46 high schools right close to Sioux Falls because there is no sense in reinventing the wheel. So we thought if we can get some of these administrators—I asked in this letter to send administrators and a couple of students to come and look at this program so we can get—so when we got started on ground level, that they would—we just started basically cold turkey. So what we did then—it's been very well explained. There is no sense in going through that. But what we are trying to do is find places where we can find some money to operate some of these programs. We know the need. And we won't go through that.

One thing that I would like to see—to bust these kids in high school with alcohol or drug abuse is very simple. It really is. But once you have them, you have got to find a program for them. And we have Project Awareness and we have some of the intervention programs, but we still have to have a program of—stopgap program to help these kids that are on drugs right now. And like Dan pointed out, we have got to get some type of a residence program in Sioux Falls; 5, 6, 7, 8 weeks. We have seen some neat results.

We have sent some students—we work close with the parents. I think that has been one of the answers that we have been successful because we get in—we are getting the parents involved, and that helps. And so we feel that we have made some inroads there.

But I have seen some kids come back from the Eppley Program in Omaha, some at Fountain Lake, MN, and these are all drug and alcohol abuse programs. They are excellent. They are residence programs. They keep them 4, 5, 6 weeks. And when those kids come back, it's exciting. And I—I just don't know what the success rate is, but I know that these kids come back with a complete different personality, and that—that excites me. And so we do need some programs to help students in this—in this respect.

Yes; we can tell them about drugs. They tune us out. Anybody over 20 years of age is an old fogy. They wouldn't listen to that. They wouldn't listen to any of the scare tactics or anything like that. We have to get down to the nitty-gritty and the problem. So that is what we are looking for. We are looking for men. And I know everybody is. So that's some of our concerns at the high school level.

Senator ABDNOR. Well, let me assure you, ladies and gentlemen, we really appreciate this testimony because it gives us some ammunition when we are in this program and talking. And you are close to it. We appreciate all of the work you have put with it.

I was just wondering if any of you are familiar or if you know about what we called the Education Consolidation Improvement Act, known as chapter 2. It's intended to provide Federal funds for substance abuse programs in our Nation's schools. And I just wondered if the dollars are getting out here to your schools'.

Mr. SCHMIDT. I am sorry. I couldn't tell you.

Ms. LUNDBERG. I have served on that committee, Senator Abdnor, and I don't believe the money is being used for drug and alcohol abuse.

Senator ABDNOR. We will have to look into it. You said you worked with parents, Mr. Schmidt. All of the testimony we had in Rapid City, and some I heard here today show parents may be a lot of the problem. Then what do you do? I mean most cases, do you find parents willing to work?

Mr. SCHMIDT. They are very receptive of anything that we can offer. They want—they want some help. And so whatever we can do to work together—and once we get the problem—the parents involved, our problem is just about taken care of because then they can take and work through their own insurance company. Say, for example, if their insurance program works something where their kids are available—our best program is available to help some of these kids in some of these resident type programs. Yes; we do work very close with parents.

Senator ABDNOR. Do you quite often find that the parents are the cause of it? Do they do a lot of drinking themselves?

Mr. SCHMIDT. Right. The double standard that has been pointed out is very evident. Another thing that bothers me, sometimes parents want to be pals to their kids and they can't do that. I have heard of—I have been invited to keggers and graduation parties where the parents have initiated this and invited other kids to come to a kegger. You know, they think that they are really helping them. But, again, they are not. So I guess we also have to educate parents.

Senator ABDNOR. That's right. Anybody care to comment on that?

Ms. CONGDON. That is what we are trying to do. It's happening. I see a lot of good positive things happening, particularly in Sioux Falls which I am most familiar with. But there is a lot of good things starting to happen.

Senator ABDNOR. These students you work with, do they go to these—when you do find them a place to go, do they go willing? At what point do they realize that they have a problem?

Mr. SCHMIDT. Senator, that is so difficult and it's all in individual cases. But once we get the point across that they just work with them and counsel with them, with all the different agencies that we do have, finally they realize that they do need help and then—then if we get the cooperation of the parent and the parent also realizes that this young person of theirs needs some help and problem—a program like this here, then the battle is half won. And then, of course, we have to start working on the student, but——

Senator ABDNOR. Well, let me ask you were you here early enough when I was talking about this? If I get it off the ground, you don't see it interfering with other programs in the school system?

Mr. SCHMIDT. No.

Senator ABDNOR. You just said 20 years old, 21, they think you are an old fogy. I remember—this goes back a long, long time, but when I was even in high school, I thought 25 was over the hill and I wondered how much more time you had. I just think that young people working with those younger kids are our best source of reaching them.

Mr. SCHMIDT. That's right. I think that is why the SADD program is successful because it's a student problem. They have to take care and clean up their own ranks. And that is what they are doing.

Senator ABDNOR. Apparently it's exceptional in your school, in Lincoln School. We have heard a lot about it before we got here. And I know that we heard about Canton, too.

We better keep moving along here because I have some more witnesses and hours are running out. But I want to thank you all very, very much for your part in this. Education has got to be one of the big ends of this whole program.

Let's take a 10 minute break if we can.

[A brief recess was taken.]

STATEMENTS OF:

MARTA BROSZ, PROGRAM COORDINATOR, CARROLL INSTITUTE, SIOUX FALLS

ANDI PETERSON, ADOLESCENT PROGRAM COUNSELOR, CARROLL INSTITUTE, SIOUX FALLS

Senator ABDNOR. The committee will come back to order. Thus far we have touched on the problem and a few concerns, enforcement, prevention. Now I would like to talk somewhat about treatment. Call Marta Brosz who is a program coordinator and Andi Peterson, the adolescent program counselor, on behalf of the Carroll Institute, Sioux Falls, SD.

Ladies, we are very, very pleased to have you here to help us with obtaining testimony and information that might be of some help to us here. Thank you for coming forward. And you can proceed anyway you care. If you would care to start off, or do you want to? You go ahead.

STATEMENT OF MARTA BROSZ

Ms. BROSZ. I will start. Thank you, Senator Abdnor. I am glad to be here today.

Senator ABDNOR. Would you give us you name, please.

Ms. BROSZ. Marta Brosz. One of the problems we see on the sheet that I gave you toward the bottom of the page is some lack of consistent and reliable networking among the resources in our communities and in our State. And so we are glad to be here to be able to present what we are doing. And I think the things you are working on are only of benefit to our program because everybody who works in any area of drug education and prevention helps the whole. Any research, any program that is done anywhere helps everybody.

At the Carroll Institute we provide adult outpatient treatment and we also provide adolescent outpatient treatment. Andi is our primary treatment counselor. What our programs do is identify and assess chemical dependency concerns. We provide outpatient treatment which involves group therapy, individual therapy, family counseling and after care.

And I think I will let Andi talk about what she does in the adolescent treatment program.

Senator ABDNOR. Fine. Why don't you move the mike over just a bit. Andi, we are glad to have you here.

STATEMENT OF ANDI PETERSON

Ms. PETERSON. I basically am the adolescent counselor.

Senator ABDNOR. Give us you name.

Ms. PETERSON. Andi Peterson.

Senator ABDNOR. Go right ahead.

Ms. PETERSON. The adolescents come to me through a variety of resources. That may be court services. That may be through Project Awareness which works with the schools. And it may be through a self referral or through the family referring them. So I get them from a variety of resources. It's—as far as kids coming in on their own by their own volition, that doesn't happen very often.

Basically the process that I go through is I sit and I assess where they are at as far as their chemical use. I'm—quite often different resources will send them over to see if there is a problem with chemical dependency. If I find that I feel that there is suspicion that they may be chemically dependent, then we try to plug them into the adolescent outpatient program which consists of 7 weeks of group.

They meet—excuse me. They meet 4 times a week for 7 weeks. And then they have 8 weeks of after care after that time where they meet once a week. So it's a pretty intensive period of time and it's quite a commitment of time for the kids. They come for 2 hours a day, 4 p.m. to 6 p.m. after school.

I basically prefer the group model. There are some parents, the kids also, who don't want to make that commitment of time and would like to go on an individual basis for counseling. But basically I feel that the group just really has it over individual in that they are in there with kids their own age, with kids who are having problems very similar to theirs. So they have somebody to relate to. We also have a family support group which meets once a week and is for parents of kids who are in our program or just parents who have kids who are involved in drugs and they are concerned about it.

Problems that I see out of the kids that I have now in my group, I would say one-third of the parents are involved in the family support group.

Senator **Abdnor**. One-third?

Ms. **Peterson**. One-third. And quite often it's really a struggle to get them involved. And that is, you know, that is a commentary on—we are asking our kids to participate and put this time commitment into it, but yet the parents are unwilling to. And their unwillingness may stem from many different areas. I would say that probably 50 percent of the kids that I deal with are in alcoholic homes themselves. So their parents are chemically dependent. And there is going to be a lot of unwillingness for them to want to get involved with anything that has to do with chemical dependency. So that is a real area of concern for me.

Our group sessions, we spend a good majority of the time on chemical dependency education, looking at chemical dependency for what it is. We spend a good portion of our curriculum on that. We also do some problem solving types of activities, decisionmaking. We also spend a good deal of time on self-esteem issues. We have a good portion of our program devoted to family types of issues, talking about the family as a system and as a whole and how that child fits into that family, and what role chemical dependency plays in that family. So that is kind of where our program goes from.

Once they get through the 7 weeks, they go for 8 weeks of after care which is once a week. And they just come and meet with the group, you know, talk about problems they may be having in returning back, you know, back into what they—you know, back into school and things like that.

Senator **Abdnor**. Tell me about the Carroll Institute itself. How long has it been here? It's here in Sioux Falls?

Ms. **Peterson**. Yes.

Ms. **Brosz**. Yes; it started as a drug and alcohol referral center about 5 years ago. And since then the programs are constantly being strengthened and refined. And the adolescent program is probably at its strongest point right now.

We have recently merged with Project Awareness, so we are all in the same offices. And we are working more closely with the staff at Project Awareness, of course, now, so it's easier to communicate. They see a child that is referred by the schools and we all—staff are on that child now and determine if there is a need for this person to have an assessment.

Senator **Abdnor**. How far down does your call basis—referrals go? The adolescents, how young is——

Ms. **Brosz**. How young? I think the youngest we have probably dealt with is about 13, but I don't think there would be any age limit as to youth. We have had some 13, 14 year old users who have been using since second grade.

Senator **Abdnor**. The longer, of course, I suppose the harder it is to break the habit.

Ms. **Brosz**. And usually a child like that is from a chemically dependent home. And that is one of the problems Andi and I feel very strongly about, is that it's a family illness. So if you are taking one person out of the system and treating them and not touching the rest of the family—as the people from the school system said, you see somebody come back from inpatient treatment and they have got a new world view and a new personality. But what we see is usually another year back in that family system and they are back into the problem because chemical dependency is similar to many other things we see in our society. It stems from a lot of pain going on in a person's life.

And we view it as a feelings disease. The relief is the mood altering chemical. And it is a relief. Some people use work for a relief. Some people use gambling. Some people become promiscuous. And some people use a mood altering chemical. And then the problems we see with the mood altering chemicals is it just makes the need for more relief. The relief is only temporary.

And it's difficult to assess an adolescent. That's part of the problem that Andi deals with because if this child is in a chemical dependent family, their problems are only reinforced when they are back in that family.

Another problem we have in outpatient treatment as opposed to inpatient treatment is in inpatient treatment, they do not have such accessibility to the drugs. In outpatient treatment, they are still in school and they are still spending time with friends. So one of the problems—the second one under problems we see is unreliable urinalysis testing. And that is one of our goals, to get a sophisticated system of testing so we know from week to week if these children are still using drugs or if they are staying clean. Right now our testing system could be challenged at any turn. But that would be something that would help us in outpatient treatment, to stay in touch with these kids for a longer period of time, to be able to touch base with the family in our own community for a longer period of time.

Senator ABDNOR. What's the percentage success rate with these young people?

Ms. BROSZ. That's a question that comes up everywhere I go to speak to people. I put no—I don't give any credibility to statistics. With chemical dependency, how are you ever going to tell? Are you going to write a followup letter and say are you staying straight?

Senator ABDNOR. It's like running a poll over a year or two period. You draw from all areas and you have some pattern. I mean it's tough. Do you bring a lot of them back for a second and third time?

Ms. BROSZ. From adolescents we might not see them so consistently a second time. When we see them is—the programs I work in is the adult programs. Then you might see them back when they are 21, 24, with the second and third DWI. I have heard people from several States in this area from inpatient treatment centers ask the same question, what is your success rate. The therapist like Andi that works directly with the kids will say zero.

Senator ABDNOR. You hope to get them all cured.

Ms. BROSZ. From our standard, if they do 100 percent of what we recommend, we are 100 percent successful.

Senator ABDNOR. Oftentimes do you see these problems lead to—end up in a suicide?

Ms. **Brosz**. Oh, yeah. It's one fallacy about chemical dependency. People have a stereotype that it's the person that is maybe downtown by the river on the streets sleeping, and that those are the people that die from chemical dependency. Since I have worked at the Carroll Institute, all of the people that have died have been in their twenties. And it generally is a suicide. Sometimes the liver dysfunction is so bad that they die. But all those people have been in their twenties.

And with the teenagers, many times it isn't suicide, but accident which is—stems from a suicidal form of living. What I try to communicate to the parents is that we are not dealing with drug and alcohol abuse. That is really a misnomer. What we are dealing with is people abuse, self abuse.

Senator **Abdnor**. What's—seems like most of our testimony apparently is that alcohol is even a bigger percentage—takes up a bigger percentage of the cases than drugs.

Ms. **Brosz**. The kids abuse themselves more with alcohol because it's the most accessible.

Ms. **Peterson**. Alcohol and marijuana definitely rank as the top two. Marijuana is—one thing with alcohol at school, they may be a little bit more careful with alcohol use because it's detectable. You can smell it on their breath and your behavior when you are drinking is to the point where other people would know.

With marijuana—marijuana is such a drug that you can use it and still maintain fairly normal functioning, so you appear to be, you know, not on any drug except for those people who are knowledgeable about it. And so marijuana is very widely used.

And a lot of kids—I think the thing with alcohol, parents especially are quick to say that, you know, there is a problem with drinking, but marijuana, I think—what I see is they tend to disregard, you know—marijuana is not looked at as a serious drug. And it is a serious drug.

Senator **Abdnor**. You bet.

Ms. **Peterson**. It's—you know, we have a diagnosis for cannabis dependency. You can become psychologically dependent on marijuana. You can show tolerance, a need for increased amounts. And the kids don't really look at those types of things.

Senator **Abdnor**. Well, listen, I want to—always wonder why parents don't become more involved. If they've got the problem themselves, it's pretty hard to get them involved.

Ms. **Brosz**. And the court systems ask us that, why so much recidivism. With chemical dependency, the symptoms you are dealing with is continued use. And the relapse process is a significant factor.

What we would like to see is more long term involvement. What has been the norm is an intensive inpatient treatment, but we seem to be going more toward an outpatient system. I know a counselor at St. Johns' in Minneapolis, and that hospital is turning significantly to outpatient with just 1 week inpatient to keep people in the community. And that is where our problem lies.

We do have—I would like to mention this—a prevention model in Sioux Falls in the form of the alternative school which is a public grade school in our city. Any prevention model for drug and alcohol problems follows what this school is doing because it's parental involvement, building self-esteem needs in the children. It's a whole family education. And I would like to see that gain more attention because I think it is an effective model. And it's active in our community.

Senator **Abdnor**. I hope one day we can forward with some of these new advanced medical——

Ms. **Brosz**. Some things that work more successful.

Senator **Abdnor**. Ladies, I really want to thank you for coming. I have to keep things going. We still have two other panels to hear from. It's comforting to know we have you on our side working on this problem. I know you need a lot of help.

Ms. **Brosz**. It's comforting to us if we can help one person. It makes it worth it.

Senator **Abdnor**. It sure does. Thank you very much.

Ms. **Frosz**. Thank you.

STATEMENT OF DR. TERRY SLOAN, DIRECTOR, ABERDEEN AREA INDIAN HEALTH SERVICE

ACCOMPANIED BY:

MARLENE IRON SHELL, REPRESENTING THE VISTA VOLUNTEER PROGRAM

MARY TSOSIE, VISTA VOLUNTEER, URBAN INDIAN HEALTH

HELEN BUSS, INDIAN EDUCATION DEPARTMENT, SIOUX FALLS

Senator **Abdnor**. Next our panel, and then we have one other person, Mr. Loren Archer. I just want to mention that he will wind up our hearing. He is with the White House Drug and Alcohol. I have kept Mr. Archer to the last because I wanted him to hear statements of our witnesses today before he made a comment. And he has been very patient.

But we have a very important panel coming up right now. The Native American youth, as you heard early in our testimony from the U.S. District Attorney have a real problem. We are happy to have Dr. Terry Sloan as director of the Aberdeen Area Indian Health Service with us and also representatives of the South Dakota Urban Indian Health Association out of Sioux Falls.

So if you folks will come forward, we will ask Doctor Sloan to kick this off first. I am going to remind you, Doctor Sloan, this is the IHS's 30th anniversary.

Mr. **Sloan**. That's correct.

Senator **Abdnor**. We have been hearing a lot about the 50th anniversary of Social Security, but this is equally important. And I thank you very much for coming down. We have your statement here and I assure you the entire statement will be placed in the record. Please proceed. Anyway you care to.

STATEMENT OF DR. TERRY SLOAN

Mr. **Sloan**. OK. Thank you very much. And, Senator, I certainly want to extend our appreciation for your participating in our 30th anniversary celebration in early September as well. We are very pleased with your agreeing to deliver a major address at that particular function.

I have been asked to provide you with information regarding Indian Health Services for Indian juveniles relative to alcohol and drug abuse. In the written testimony, you will find many answers to questions that you might have, particularly with regard to the number of alcohol and drug related incidents the Indian Health Services provided treatment for juveniles.

In addition, you will see a description of the medical referral procedures utilizing direct and contractor care services for Indian Health Sevices. You will see some of our responsibilities, particularly in relation with the Bureau of Indian Affairs in our approach to the law enforcement problems with juvenile alcohol abusers. And you will also see some statements with regard to what we are trying to do in the area of prevention.

We are very concerned about the enormity of the juvenile alcohol and substance abuse problem in the Aberdeen area. If one analyzes morbidity and mortality data, the leading causes of death in the Indian population in this region are directly related to alcohol and substance abuse. Although reliable data is not available to the Indian Health Serivce, we are aware of several reports from school officials indicating a high rate of contact with alcohol in the juvenile population. The age specific alcoholism death rate between 1980 and 1982 for Indian males was 4.9 per 100,000 and compares unfavorably with——

Senator ABDNOR. 1.9?

Mr. SLOAN. 4.9 per 100,000 and compares unfavorably with a rate of 22 per 100,000 for the United States all races in 1981. The data for females is just as disturbing with a rate of 1.6 per 100,000 compared with the United States all races rate of 0.1 per 100,000. That is a sixteenfold difference in mortality rate.

The data clearly indicates the catastrophic consequences of alcohol and substance abuse. If one analyzes the Indian Health Service chart series, the largest discrepancy in age specific mortality rate is during the ages of 15 to 24 with the leading causes all alcohol related, usually due to accidents and/or trauma.

Senator ABDNOR. Which means that many must have started a long time before.

Mr. SLOAN. Yes; the loss of these young people represents a severe blow to the future of Indian people and their productivity.

From the written testimony, the Indian Health Service has attempted to approach this problem. However, if one were to analyze our intervention strategies, it has been clearly oriented toward the adult population. The recent establishment of the early education strategies such as BABS, Project Charlie, represent a step in the right direction.

Recently a multidisciplinary conference on alcohol abuse was held in Denver, CO. Recommendations have been finalized and are being evaluated by Doctor Rhoades, Director of Indian Health Service. I was very impressed, and we in the Aberbeen area are already beginning to implement the low cost and common sense ones. These center around properly educating our staff to deal with this disease in a more prepared and intelligible way.

We are currently analyzing our system of referral and have found a severe lack of uniformity. Except for Project Phoenix there is no special alternatives for juveniles. As a clinician, I am fully aware that many times the presenting symptom of juvenile alcohol abusers is death or serious injury. Adolescents rarely appreciate the consequences of severe injury or illness. In fact, psychologically it is difficult to approach adolescents with health issues. Therefore, it is imperative that preventive programs approach this issue in an affirmative manner and involve the educational system on the reservations.

Early detection should be concentrated outside the hospital and in the community, in the homes. After detection there should be a clear age specific referral system with sensitive, culturally aware counselors. Clearly the lack of hard data impairs our ability to approach this problem. It is probably related to test data reflecting in state consequences of the problem with our hospital base system. A more comprehensive approach utilizing several agencies would be an improvement epidemiologically.

In summary, this is a serious problem. The data base to approach this problem isn't adequate. The approach must be unique. I feel Indian Health Services has attempted to begin to approach this disease in juveniles.

I wish to sincerely thank you for your interest in Indian health and in this specific problem. Certainly as a clinician and with over 10 years of experience working on reservations in hospitals and as an Indian, I am very willing to answer questions.

Senator ABDNOR. Fine. We really appreciate that testimony. And it just reaffirmed what we heard earlier and what we heard out at Rapid City about the real problem we have there. It has led to various pieces of legislation. Have you heard of the one that I was original sponsor of, the Indian alcohol and drug abuse education bill?

Mr. SLOAN. Yes; I certainly have.

Senator ABDNOR. I think these other ones would have other versions. I'm very committed on that Select Committee of Indian Affairs. We certainly hope we can get something like this moving. Bills get in different committees by jurisdiction. If we get our hands on this, we certainly hope to get this bill moving.

Mr. SLOAN. Excellent.

Senator ABDNOR. It would be a great help. Because somehow, some way we do have to reach these people. But let's say you had something like this. The best way is through education before they get on this. I would imagine rehabilitation could be a real problem on the reservation itself because there is so much temptation to get them right back into the habit that would be difficult to——

Mr. SLOAN. Yes.

Senator ABDNOR. Have you—what treatments do they really have down there?

Mr. SLOAN. The—I feel the—if one looks at the expenditure of funds within the Indian Health Service—for example, I believe that in the budget last year the total sum expended by Indian Health Service nationally was between $20 and $30 million. That is out of $800 to $900 million. So that with this area, we receive about $2 million in alcoholism.

Senator ABDNOR. What do you—I mean take people and send them to institutions or——

Mr. SLOAN. Well, we have as much of a preventive program as we can. And we do have some treatment centers identified that do receive some funding from us and other agencies as well. But in general we are finding more of a limitation in our ability to directly refer Indian patients to treatment centers. There has been a reduction in numbers of beds because of a reduction in funding.

We have tried to approach the issue more on a preventive basis, particularly with some of our early intervention strategies in schools, particularly even from kindergarten and the first grade on. We feel that's a very logical approach and we can gain more from that type of perspective.

Still, I do feel a tremendous need to develop a more comprehensive program in alcoholism that would involve more treatment centers as well so we could help some of these younger people who are devastated by this disease.

Senator ABDNOR. What was the success rate of those who did go to those institutions once they were out? Were they able to stay away from alcohol?

Mr. SLOAN. We have heard varying results. For example, if one were to ask the drug dependency unit at Winnebago Hosptial, they have reported at times a 50- to 60-percent success rate which is quite high. If one looks at the national data, the success rate runs between anywhere from 5 to 30 percent if one looks at the reoccurrence of alcoholism within a 24-month followup period.

A lot of the data with regard to intervention and alcohol abuse is—is certainly discouraging. But we certainly feel in Indian country and in Indian Health Service that we can approach this problem constructively and have an impact with very culturally designed programs to approach our Indian youth.

Senator ABDNOR. Do you happen to have these three ladies with you? Do you work through some programs with Dr. Sloan?

STATEMENT OF MARLENE IRON SHELL

Ms. IRON SHELL. No; we are from Sioux Falls. I am Marlene Iron Shell and working for the VISTA Volunteer Program.

Senator ABDNOR. I didn't realize we had the panel. Just hand down the mike and maybe we can have some discussion.

Ms. IRON SHELL. Greetings to you, Senator Abdnor, and your panel. The VISTA——

Senator ABDNOR. Will you give your name.

Ms. IRON SHELL. Marlene Iron Shell with the VISTA Volunteer here in Sioux Falls which is sponsored by South Dakota Urban Indian Health. I just started there last week. And our primary priority is to reach our Indian youth, you know. Naturally that is our future. So we have a tentative session or workshop scheduled for September 19 on fetal alcohol syndrome.

Senator ADBDNOR. What area are you covering under that?

Ms. IRON SHELL. Youth.

Senator ABDNOR. Just Sioux Falls?

Ms. IRON SHELL. Yes; this is urban area here in Sioux Falls because there is quite a few Indian families that live here in town that do not get our to different meetings or whatever they have in this regard. I think that is very imperative that we do have a method to reach our youth and try to stop what is going on now with our alcohol and drug abuse.

I have personally seen very young Indian girls and boys so incapacitated by drugs and alcohol, you know, that they were—or they couldn't move, they couldn't function. So then what do you do with them? Just put them to bed in my house and try to talk to them when you get up.

But you cannot do that on just a one time basis. You have to have a—some kind of a program set up. So that is what we are trying to do, make home visits, transport people. We hope to develop different support groups for youth, little older, because you can't reach the youth unless they have reinforcement at home. We have to work with parents also.

Senator ABDNOR. Have they been quite cooperative?

Ms. IRON SHELL. To a certain extent, yeah. It depends you know. Since we are just new and we have no funds——

Senator ABDNOR. We have heard all the way through this, not just from Indian people, but it's been a real problem that the parents themselves are afflicted with the same problem. That is what I was asking.

Ms. IRON SHELL. Right. It goes in spurts.

Ms. TSOSIE. I am Mary Tsosie.

Senator ABDNOR. Would you spell that.

STATEMENT OF MARY TSOSIE

Ms. TSOSIE. T-s-o-s-i-e. And I also am a VISTA volunteer with Urban Indian Health. And I just started also, but I have been active in the Sioux Falls community for about 10 years on alcohol and drug and, you know, I have—I saw a lot of Indian kids, you know, families, and all the pain that they go through, you know. And I have been making a lot of home visits and talking about alcohol, you know, what it does to the family and how it affects the kids, you know. So right now my main concern is alcohol and drugs, you know, how it's affecting, you know, the young people in the community.

And right now our resources are low at this time. We don't have any funding. And I get a lot of calls in my home at night and in the daytime, too. I have a lot of daily contact with the Indian families. And, you know, they want help, but they don't know how to go about to get it, so, you know, I just kind of explain to them, you know, where they can go and how they can get help. And a lot of the time we come up that there is no money available to send them to treatments. And sometimes it's like fighting a losing battle, you know. Where do we get the money to pay for treatment because it's so high these days?

And a lot of our Indian people, you know, we try to get them together to participate in some of these programs. And it's really hard, you know, as I said before. But I guess, like everybody else, I have a real concern for the young people. Like Marlene said, they are the future. And unless something is, you know, done, there is just not going to be any hope for the future for them at all.

Senator ABDNOR. Have the available dollars dropped considerably from where they were at one point?

Ms. TSOSIE. Since I have been around—I am not a counselor or anything, but just on my own time and working through Urban

Indian Health—I worked for the Sioux Falls school district and I ran across a lot of kids that want to go to treatment and, you know, the funding is just——

Senator ABDNOR. I'm sure that is true. I was just wondering if it is even lower than it has been, that's all.

Ms. TSOSIE. Yes, it is. It is.

Senator ABDNOR. Fine.

STATEMENT OF HELEN BUSS

Ms. BUSS. My name is Helen Buss. And I work with the Indian Education Department here in Sioux Falls. And I guess my concern is mainly, you know, with—like everybody else, is the Indian youth here in Sioux Falls. I know that all kids—a lot of kids are having problems with drug and alcoholism, but in Sioux Falls I know the high school dropout rate for our Indian kids is like over 25 percent where the white dropout rate is only like 3 percent. And a lot of it—the majority of it goes back to the alcohol and drugs. And like Mary and Marlene said, you know, these kids have no place to go. They will go to family and friends for help and usually the family and friends don't know where to go either.

I don't know. It seems like a lot of surveys and findings and things that have been done, and everybody seems to feel that our kids do OK in first grade, second grade, and when they are in grade school. And once they seem to reach that junior high level, something happens to their self esteem where they just are finding it easier to function in a make believe world rather than to face the reality.

Senator ABDNOR. You work with the Indian students from grade 1 through grade 12 or are you——

Ms. BUSS. Grade 1 through grade 6 they seem to do OK. And once they get——

Senator ABDNOR. Is your association with them at all levels?

Ms. BUSS. YES.

Senator ABDNOR. So you have a chance to observe this?

Ms. BUSS. Uh-huh.

Senator ABDNOR. It's normally the sixth grade where it starts to fall out?

Ms. BUSS. Uh-huh, Yes; I guess I would like to see more, you know, education for our kids with Indian counselors so they have somebody to talk to that can identify with what they are going through, their self-esteem, and what it is like to come off the reservation and function in a whole completely different world.

Senator ABDNOR. Do most of the students—their parents do live here, too; they are not brought in?

Ms. BUSS. That's—a lot of our kids are in homes, in foster homes here in Sioux Falls.

Senator ABDNOR. There is not much for education going on today? I mean you—

Ms. IRON SHELL. That is what we hope to implement.

Senator ABDNOR. There is no programs under Indian Health, is there, Doctor Sloan?

Mr. SLOAN. There is certainly some intervention strategies as described in the testimony that are occuring on reservations. However, the Urban Health Program has been seriously strapped by funding for a number of years and really has had no funding increases I think for a number of years. And I'm sure that has had an impact on their proposal.

Senator **Abdnor**. Well, it's an area that is certainly—I don't know if the word is neglected—or not adequately addressed. Of course, that is true as we can see in testimony we had here; not just with Native Americans, but in a lot of other areas.

Ms. **Iron Shell**. It seems to me like once an Indian leaves the reservation like to advance himself personally, herself personally, come to an urban area, they kind of forget they are Indian because we can't get any help here. You know, that is why the South Dakota Urban Indian Health I think does a tremendous service even with their limited funds because regardless if we are limited in funds, we do get the job done usually unless it's some, you know, catastrophy or something. They seem to forget that once we leave the reservation, we come to the urban area to better ourselves, there is no help. We don't know where to go.

Senator **Abdnor**. Give me that figure again. For the record, we already have it. In my own mind, 23 percent of the students drop out before they graduate?

Ms. **Buss**. Uh-huh.

Senator **Abdnor**. What persons—this is in education. I shouldn't expect you to know. Is the percentage of kids who reach graduation, high school graduation, higher on the reservation than it is——

Ms. **Iron Shell**. I think so, isn't it?

Mr. **Sloan**. I don't—I don't have the data to reflect that, no.

Senator **Abdnor**. That would be quite a dropout. I'm sure you have some out in the reservation schools, but——

Mr. **Sloan**. One might say, though, Senator, that if one looks at the Indian youth that die before they graduate, certainly one would have to say there is a decreased number of youth that graduate just on the basis of mortality from accidents and drug related incidents.

Senator **Abdnor**. Are most of these through accidents or sometimes suicide?

Mr. **Sloan**. Sometimes it's suicide, but a majority of accidents.

Senator **Abdnor**. Would you say, again, I suppose, that the suicide rate is higher than it is in other areas, other—than whites?

Mr. **Sloan**. Yes; there is—certainly there is data to indicate the suicide rate in Indian youth is much higher than in the United States all races population.

Senator **Abdnor**. One last question. We had Lois testify at our Rapid City hearing. And she was asking for more research into the possibility that Native Americans have a pyhsiological weakness or all allergic reaction to alcohol. Do you feel that research could be helpful?

Mr. **Sloan**. Certainly. One indeed wonders if you look at the loss of life and productivity that alcoholism has not only in the Indian population, but in all populations in this country, why we don't have a more dedicated research effort to prevent and contain this disease and explain it better.

Senator ABDNOR. Very good. Ladies and gentlemen, I thank you all very much for being with us today. You have been very helpful. We know the problems. You know a lot more than we have heard today probably. At least we scratched the surface of some of the problems and follow up with more details. Thank you very much.

STATEMENT OF LOREN ARCHER, SENIOR POLICY ADVISOR ON ALCOHOL, DRUGS, AND OTHER HEALTH AFFAIRS, WHITE HOUSE DRUG ABUSE OFFICE

Senator ABDNOR. Our last witness—as I said, I saved him until the last because—whether that's the right thing to do or not—Mr. Archer, Loren Archer, who comes directly to us from the White House Office on Drug Policy in Washington. He has been very helpful for what I have been trying to get ready for. We are just very grateful. We know Nancy Reagan has made this a big, big part of her work and her project. But I know that isn't why it was started. But I know she works with you closely.

Mr. Archer, I thank you for coming all the way out for this program.

Mr. ARCHER. Thank you for inviting me, Mr. Chairman. My name is Loren Archer. I am Senior Policy Advisor on alcohol, drugs and other health affairs in the White House Drug Abuse Office. I would like to give you a little bit of background, my own background, and why I particularly found the testimony particularly exciting.

I bring to this hearing both a background of concern in the field of the professional of alcohol and drug abuse. I have served the last 7 years prior to the special assignment to the White House as the deputy director of the National Student on Alcohol Abuse and Alcoholism. And prior to that I was appointed by then Governor Reagan as the director of the California State Alcohol Program. But I also bring a personal concern as a member of a family of alcoholic, drug abusers. And so I have particularly found much of the testimony, both personally and professionally, exciting, as well as the direction that I believe the hearings are moving.

We within the White House are particularly concerned to be supportive of the direction that you are proposing. As we have—the President proposed in his national strategy on the prevention of drug abuse—I would like to quote just a sentence which I think supports the direction you are moving in the foundation. And that is the fact that it says "Described simply, real success is achieved when those people most affected by drug and alcohol abuse are directly involved in solving their own problems."

We have found as we have increased both physical and personnel resources throughout the Nation to attempt to eradicate this very severe problem in the Nation of alcohol and drug abuse, we have been able to achieve some victories. But the major victories that we have seen occurring and even as dramatic and as severe as the problem is—I have to reflect back on 25 years of being involved in this field. And there have been some dramatic changes, particularly in the 1980's. And what has occurred has been a change in attitudes and support within the people themselves.

In the 1970's we saw an increasing—use of alcohol per capita consumption was rising. We saw an increase use in marijuana and other drugs. There was a defeatist attitude upon the Nation. We all saw this as a problem that was so huge. We saw it within our own families. We saw it within ourselves many times. We felt nothing could be done. And just as the alcoholic denies alcoholism as a disease and an alcoholic denies the problem, we in society have denied alcohol and drug abuse is a problem.

In the 1980's there seemed to be a change in the Nation. We are less defeatist. We have begun to take little pieces. We have begun to make changes. We have began to reduce many of the alcohol and drug problems.

For example, the per capita alcohol consumption is dropping enough so that many of the brewers and beverage people have moved into diversification in other industry. That is as a result of, I believe, of the success in prevention, in treatment programs, because as we more successfully treat individuals, as people become abstinent, we are decreasing the population that were heavy alcohol users. And 75 percent of all the alcohol consumed in the United States is consumed by the 10 million alcoholics and the 7 million other problem drinkers. As we reduce that 75 percent, we are showing success in reduction of per capita alcohol consumption.

We have also through programs, particularly programs involving youth themselves, programs such as Mrs. Reagan has been sponsoring, assisted youth in developing refusal skills, assisted youth to have an atmosphere in which it is acceptable to say no. As we have heard testimony here several times, there is a great deal of peer pressure.

Probably the way it was brought home most likely to me was when I reviewed a "Weekly Reader" survey that was done indicating down in the fourth grade, at the 9-year-old level, a significant portion of the students who were asked were saying at that point in time they were under strong peer pressure from other students and from what they saw around them to use alcohol.

Now, this comes as a great deal of surprise, but it should not. We as a society have been accepting of this. But what is happening, and most dramatically in the 1980's, is that youth themselves—and we in the White House feel this is probably our greatest resource; not necessarily additional funds. They are always needed.

But what we have is what is already available there. That is youth who are concerned, whether it be the SADD groups, other groups that have dealt across the Nation. Youth themselves have begun to see that this is a problem that is affecting them. They see schoolmates die. They have seen others injured. They have seen families wiped out. And they have felt that they have had to take this concern upon themselves. And which is why we are very pleased to be here to support the direction that you are speaking of of the foundation because this type of involvement we feel can be a trailblazer, can assist other States and other programs in the Nation because as youth themselves become involved, they can make the changes. We as adults who have seen similar problems can assist them, but we can only assist. But as we can, we can make a change.

But right now we have—over the 20th century we have decreased the death rate in every age group except one. In that one age group, 16- to 24-year-old age group, the death rate has been raising every year in the 20th century due to three factors; accidents, suicides, and homicides.

As we have looked at the data in each of those areas, what we have found is a common factor that runs through accidents, suicides, and homicides. And that is heavy alcohol and other drug use. And youth themselves have now become aware of this and are determined to make a change in this type of behavior.

We can support that as adults by making changes in the availability of alcohol and drugs through law enforcement, through regulatory changes such as the age of purchase, through changes in the acceptance of drunken behavior. Youth themselves can no longer be willing to accept drunken behavior as humorous. What we have to see is a severe problem that can be changed.

Youth themselves can and are influenced in the direction that much of the advertising is going. There is—has become on the part of the beverage industry a social concern for their current marketing practices upon the campuses where there has been a great deal of marketing aimed, we believe, at the development of promotion of alcohol and other drugs, especially alcohol, by under age use. The industry itself has been socially concerned in this area, is making changes. The beverage industry has become aware that they must become a part of the solution and are developing programs to work with bartenders and other servers, both on better identifying under age use and also as an important part to identify people who are using excessively, and developing techniques to easily and quickly cut off consumption by that group.

We in the White House see a number of things that are happening. And why I took a whole series of notes, I think the thing that most came across most dramatically to me, you have heard lots of statistics. He didn't want to give those to you. What has happened, though, I guess dramatically, is as severe as they are, and they are dramatic statistics—I don't want to down play them—what is more importantly is that we are as a Nation making changes. And it's not a hopeless situation. And that youth, the direction that you are moving, can make the difference.

Senator **Abdnor**. Mr. Archer, I really appreciate your thoughts on this. And the foundation I'm talking about, I know to make it a success, I am going to need to talk to people like you into working with it. And we would like to feel free to do that.

Mr. **Archer**. We would be pleased to assist. We think there are hopefully other resources that might be helpful to you as well.

Senator **Abdnor**. We certainly will be talking to you. Are there many organizations like what I have in mind that are functioning? I read in the paper where Mrs. Reagan went out to Ohio one day and spent—they had some kind of a group that—they put on a play and she participated, but the whole thing was built around this sort of a thing. But I don't think it had any real continuity to it. I think maybe it was a 1-day program.

Mr. **Archer**. There have been—we have been, wherever possible, trying to encourage the development of groups such as this. Secretary Heckler, through her initiative on teenage alcohol, has attempted to bring people in from States, including individual young people from South Dakota, and I believe this last year got the Target stores group to be involved in the development of such groups. But what is needed is some type of a continuing base for these programs, a long-term support.

There is a great deal of interest and while there are programs similar in nature that are being developed, it's not a question of those being competitive. What—there is no—there is more than enough problems facing all of us. It's ways in which they can all be brought together, and I believe your foundation could be supportive in that way.

Senator ABDNOR. I am not intruding on groups that are working within or in schools. But that is the way I felt; there is plenty of room for them, of participating in some kind of a program to reduce drug——

Mr. ARCHER. And the most important time we believe to do this is while we are beginning to have success. It's easier to speed up success than it is to start it.

Senator ABDNOR. It's correct to say that the way to really get to an educational program is in the grade schools, isn't that——

Mr. ARCHER. We feel that any program of an educational nature needs to be from kindergarten through the 12th. But in addition to that, it needs to have the support of other parts of the educational process. And that is our thing that we don't think of educational. It needs to have the support of the mass media, the local television, the movies. And these are areas in which the national broadcasting affiliates themselves have recognized they must be a part of the solution and are planning campaigns to be supportive of those educational efforts.

It needs to be a program that includes educational, but in addition to that, has the support of other areas that presently influence children other hours of the day. And that is videos, movies, radio, television, all the other aspects which very much influence their behavior, all of our behavior.

Senator ABDNOR. One last question. In your work in this field, had you realized how much more severe alcoholism is with the Indians than other parts of the population?

Mr. ARCHER. Yes; it's—as we have looked particularly at the rate of death and have tried to target our specific groups in which we can attempt to make changes, the group that stands out most strongly in the United States is native Americans. The death rate as described earlier is dramatically higher. And if we are really to achieve, for example, changes in the cirrhotic death rate in the United States, which is our public health service goal, we must concentrate more heavily upon the reduction of male and also very much so the female deaths from cirrhosis of the native American population. It's a much higher rate and a very significant problem.

Senator. ABDNOR. Quite shocking to hear that 25 percent of the Indian students in Sioux Falls, for example, drop out. I mean that's an awfully high figure.

Mr. ARCHER. In the non-Indian population the leading causes of death are cancer, heart. Unfortunately within—the Indian Health Service statistics indicate that accidents are the major cause of Indian—Indian deaths. That is a tragic loss of lives and a tragic loss of—to our economy of productive people.

Senator. ABDNOR. I want to thank you very, very much for coming all the way out here. I know you visited with some of the press and news media, and I am happy you did because you carry a very fine message that I think ought to be heard. I've got a hunch before you get out of here, there may be some people that would like to even visit with you a second. I may be wrong, but now they know who you are. We will stick around a little bit.

Mr. ARCHER. I have to add a point that I have to be an optimist. And I have a great deal back to—to this field because as I mentioned, I am not only a professional in this area, a member of the family, but a member of a family who has successfully recovered. And the message I want to get out to people is that alcohol and drug abuse is not a hopeless disease, but extremely hopeful and recovery is—can be and is occurring all the time.

Senator ABDNOR. Thank you very much.

Mr. ARCHER. Thank you.

Senator ABDNOR. We have a witness statement from Dr. Dean Sinclair for the record.

I am afraid our reporter has had it, but we thank you for all you have done today without giving you much rest.

I just want to say to all the witnesses, we very much appreciate the testimony and the testimony we received from Rapid City last Wednesday. And we think it's going to be a big help to us. It will give us some guidance as we go along. And I know the committee members will be pleased with it.

CONCLUSION OF HEARING

Senator ABDNOR. If there is not further business, the subcommittee will recess subject to the call of the Chair. We stand in recess.

[Whereupon, at 12:40 p.m., Friday, August 16, the hearing was concluded, and the subcommittee was recessed, to reconvene at the call of the Chair.]

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